Missouri Gateway to Better Health Demonstration
Number 11-W-00250/7
Section 1115 Annual Report

Demonstration Year: 8 (10/01/2016- 09/30/2017)

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I. Introduction

On July 28, 2010, CMS approved the State of Missouri's "Gateway to Better Health" Demonstration, which preserved access to ambulatory care for low-income, uninsured individuals in St. Louis City and County. The Demonstration was amended in June 2012 to enable the Safety Net Pilot Program to be implemented by July 1, 2012. The July 1, 2012, implementation of the Pilot Program ensured patients of the St. Louis safety net maintained access to primary and specialty care. CMS approved a one-year extension of the Demonstration on September 27, 2013, July 16, 2014, December 11, 2015, June 16, 2016, and again on September 1, 2017 for a five-year extension. The State has been authorized to spend up to $30 million (total computable) annually to preserve and improve primary and specialty care in St. Louis in lieu of spending that amount of statutorily authorized funding on payments to disproportionate share hospitals (DSHs). The Demonstration includes the following main objectives:

I. Preserve and strengthen the St. Louis City and St. Louis County safety net of health care providers available to serve the uninsured.
II. Connect the uninsured to a primary care home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement; and
III. Maintain and enhance quality service delivery strategies to reduce health disparities.

For the first two years of the Demonstration, through June 30, 2012, certain providers referred to as Affiliation Partners were paid directly for uncompensated care. These providers included St. Louis ConnectCare, Affinia Healthcare (formerly known as Grace Hill Health Centers), and Myrtle Hilliard Davis Comprehensive Health Centers.

The program transitioned to a coverage model pilot on July 1, 2012. From July 1, 2012, to December 31, 2013, the Pilot Program provided primary, urgent, and specialty care coverage to uninsured[1] adults in St. Louis City and St. Louis County, aged 19-64, who were below 133% of the Federal Poverty Level (FPL). The Demonstration was scheduled to expire December 31, 2013.

The State also had authority through December 31, 2013, to claim as administrative costs limited amounts incurred by the Saint Louis Regional Health Commission (SLRHC) pursuant to an MOU for functions related to emergency room diversion efforts through the Community Referral Coordinator program.

The Missouri legislature did not expand Medicaid eligibility during its 2013-2017 legislative sessions. Therefore, on September 27, 2013, July 16, 2014, December 11, 2015, and again on June 16, 2016, CMS approved one-year extensions of the Gateway Demonstration program for patients up to 100% FPL. On September 1, 2017, CMS approved a five-year extension of the demonstration program for patients up to 100% FPL.

In order to meet the requirements for the Demonstration project, the State of Missouri Department of Social Services asked the SLRHC to lead planning efforts to determine the Pilot Program design – subject to the review and approval of the Centers for Medicare and Medicaid Services (CMS) – and to incorporate community input into the planning process. Accordingly, on July 21, 2010, the SLRHC approved the creation of a "Pilot Program Planning Team." (A full roster of the Pilot Program Planning Team can be found in Appendix I). The MO HealthNet Division of the Missouri Department of Social Services is

[1] To be considered to be "uninsured" applicants must not be eligible for coverage through the Medicaid State Plan. Screening for Medicaid eligibility is the first step of the Gateway to Better Health eligibility determination.

represented on the Planning Team to ensure the SLRHC and MO HealthNet are working closely to develop the deliverables and to fulfill the milestones of the Demonstration project.

The information provided in this annual report details Pilot Program process outcomes and key developments for Demonstration Year 8 (October 1, 2016 – September 30, 2017).

Extension of the Gateway Demonstration

The demonstration project has been approved for the next five years, from January 1, 2018 to December 31, 2022. This five-year extension enables the uninsured population to continue to access preventative and other ambulatory health care services. As of September 30, 2017, the Gateway program provides outpatient coverage for nearly 15,000 individuals, which is nearly 40 percent of all uninsured residents under 100 percent of the federal poverty level in St. Louis City and County. Previous studies have indicated that the care provided through this Demonstration prevents more than 50,000 emergency department visits per year.

II. Accomplishments and Project Status

Through the Gateway to Better Health Demonstration, the State of Missouri and the St. Louis region have transitioned patients and providers to an environment where otherwise uninsured individuals are able to access outpatient health care services with coverage. Eligible individuals are enrolled in the Demonstration and can access primary care services available at a limited network of safety net providers, including Affinia Healthcare (formerly known as Grace Hill Health Centers), Myrtle Hilliard Davis Comprehensive Health Centers, BJK People's Health Centers, Family Care Health Centers, and the health centers of the St. Louis County Department of Public Health. Beneficiaries may be referred by their primary care physician for specialty care services at participating hospitals, medical schools, and in-network community specialist practices.

In Demonstration Year 8 (October 1, 2016 – September 30, 2017), Gateway to Better Health distributed more than $18.5 million[2] to primary and specialty care safety net organizations to provide health coverage to otherwise uninsured St. Louis area residents, ensuring these individuals access to basic medical services.

The information below provides a summary of key Gateway to Better Health outcomes achieved from October 1, 2016 – September 30, 2017:

[2] Final amounts are subject to change due to claims runout.

- ***Gateway has maintained access to primary and specialty care for uninsured individuals living in poverty in St. Louis City and St. Louis County***
    - Approximately 14,975 individuals are enrolled in Gateway to Better Health, which is approximately 40 percent of those uninsured and living below the federal poverty level in St. Louis City and County.
    - During Demonstration Year 8, Gateway covered more than 23,900 unique members, including more than 4,100 new members during this period.

- ***Gateway provided more than 30,000 primary care and dental office visits.***
    - Gateway primary care physicians see about 2,000 patients in their offices each month, providing everything from routine medical care to managing complicated chronic conditions.
    - Gateway dentists at community health centers see about 570 patients in their offices each month, providing basic preventive care, giving patients the opportunity to achieve better overall health.
    - About 35% of all Gateway patients are living with at least once chronic condition. These patients now have greater access to outpatient care and medications as well as care coordination and management programs that will keep them healthier and reduce preventable ED visits and hospitalizations.

- ***Gateway provided more than 191,600 medications to manage chronic conditions and other diseases.***
    - Access to affordable prescription drugs is an important factor in the proper management of chronic conditions as well as other acute diseases. All participating community health centers in the Gateway network have either on-site pharmacies or contracts with local pharmacies to provide easy access to Gateway members as they manage their health needs.
    - Effective January 1, 2016, Gateway began providing coverage for brand name insulin and inhalers, as there are no generic alternatives to these medications at this time. This additional benefit has enabled patients to manage their chronic conditions, specifically asthma and diabetes. During Demonstration Year 8 more than 14,500 prescriptions for brand name insulin and inhalers were provided to patients through Gateway.

- ***Gateway provided nearly more than 31,000 specialty care visits, including diagnostic and outpatient surgical procedures.***
    - For those Gateway patients with more advanced medical needs, primary care physicians are able to refer their patients for diagnostic and specialty care services as well as outpatient surgeries. Providers made more than 1,750 of these referrals for specialty care services each month.

- ***Providers are consistently earning their incentive payments by meeting quality metrics, including ensuring access to those with chronic conditions and helping them to manage their disease better.***
    - Eighty-five percent of newly enrolled or newly diagnosed diabetic patients had their HgbA1c tested within six months during the most recent incentive period, compared to 66% at the beginning of the Demonstration.

- Sixty percent of patients with diabetes had an HgbA1c of less than 9% within six months of diagnosis or enrollment during the most recent incentive period, compared to 54% at the beginning of the program.
- Eighty-seven percent of newly enrolled individuals with chronic diseases or newly diagnosed patients received two office visits within six months, compared to 74% at the beginning of the Demonstration.
- Preventative health and screening services (such as cervical cancer screening, breast cancer screening, adult weight following up, and tobacco use screening and cessation intervention) improved on average by 7% from year one (7/1/12-6/30/13) to year five (7/1/16-6/30/17), with more patients utilizing these services.
- Management of hypertension and diabetes remained relatively stable from year one (7/1/12-6/30/13) as compared to year five (7/1/16-6/30/17).

- ***Patients enrolled in Gateway are highly satisfied with Gateway's services and provider network.***
  - Gateway hosts member orientations to educate new members on how to use their benefits and navigate the safety net system. To date, more than 1,025 members have attended member orientation sessions.
  - As a result of attending member orientations, 84% of attendees felt very confident or somewhat confident that they understood how to use their benefits. Eighty-four percent felt very confident or somewhat confident that they can navigate receiving health care services at their health center. Eighty-eight percent felt very confident or somewhat confident that they can navigate receiving health care service at their health center.
  - On a recent patient satisfaction survey, 96% of respondents indicate they would recommend their health center to others. On a 5-point scale, respondents rated the quality of service received as a 4.42 (i.e., "good") on average and how well the doctor listened and explained things as a 4.75 (i.e., "very good") on average.

- ***Providers are working to improve patient care and health outcomes by becoming trauma informed organizations.***
  - In June 2016, Gateway to Better Health collaborated with Alive and Well STL to launch a trauma-informed learning collaborative for healthcare providers in the St. Louis region.
  - All of the Gateway primary care providers are participating in an 18-month opportunity where they learn about trauma-informed care.
  - Four of the five community health centers Implemented a trauma-informed intervention, Seeking Safety, for Gateway to Better Health patients in 2017.

III. Quantitative and Case Study Findings

Preliminary quantitative and case study findings for Demonstration Year 8 are available in three areas detailed below: (1) health status and health disparities, (2) quality assurance/monitoring, and (3) consumer issues. In addition, Appendix II provides interim evaluation findings that detail this information over the lifetime of the Demonstration.

Health Status and Health Disparities

The continuation of the funding for the St. Louis safety net of health care providers through this Demonstration helps ensure access to health care for those living in traditionally underserved communities. 72% of all members of the pilot coverage model are African-American, 20% are Caucasian, less than 1% are members of other races, and 9% did not report their race.

As measured through pay-for-performance metrics, African Americans enrolled in the Pilot Program perform well when compared to their Whites counterparts enrolled in the program:

- Of those newly enrolled patients, 74% of African Americans had at least one office visit within 1 year of enrollment date, as compared to 76% of Whites.

- Eighty-six percent of African Americans with chronic conditions had at least two office visits within 1 year, as compared to 89% of Whites.

- Eighty-two percent of African Americans with diabetes had at least one HgbA1c test within 6 months, as compared to 92% of Whites.

- Of all patients with diabetes, 56% of American Americans and 63% of Whites had HgbA1c levels less than or equal to 9% on their most recent test.

Quality of care, as measured by the program's pay-for-performance measures, continues to improve. Providers are consistently earning their incentive payments by meeting quality metrics, including ensuring access to those with chronic conditions and helping them to manage their disease better.

- Eighty-five percent of newly enrolled or newly diagnosed diabetic patients had their HgbA1c tested within six months during the most recent incentive period, compared to 66% at the beginning of the Demonstration.

- Sixty percent of patients with diabetes had an HgbA1c of less than 9% within six months of diagnosis or enrollment during the most recent incentive period, compared to 54% at the beginning of the program.

- Eighty-seven percent of newly enrolled individuals with chronic diseases or newly diagnosed patients received two office visits within six months, compared to 74% at the beginning of the Demonstration.

Gateway primary care providers are consistently performing comparatively to their peers across the State of Missouri as measured by UDS quality measures. A review of standard quality measures in UDS reports indicates that Gateway health centers on average perform on par (-2%) with their peers across the state.

Quality Measure	2016		Difference
	Gateway CHCs*	State	
Tobacco Use Assessment & Cessation Intervention Percentage of patients age 18 and older assessed for tobacco use and, if identified as a tobacco user, received cessation counseling and/or pharmacotherapy	80%	85%	-5%
Hypertension: Controlling High Blood Pressure Proportion of patients aged 18 to 85 years of age with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 (adequate control) at the time of the last reading	54%	58%	-4%
Cervical Cancer Screening Percentage of women 24-64 years of age who received one or more Pap tests to screen for cervical cancer	56%	52%	+4%
Diabetes: HbA1c Control Proportion of adult patients 18 to 75 years of age with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was less than 9% at the time of the last reading in the measurement year. Results are reported in four categories: less than 7%; greater than or equal to 7% and less than 8%; greater than or equal to 8% and less than or equal to 9%; and greater than 9%	63%	68%	-5%
Adult Weight Screening and Follow-Up Percentage of patients aged 18 and over who had documentation of a calculated BMI during the most recent visit or within the 6 months prior to that visit	64%	66%	-2%

*Data is sourced from UDS report for 2016, as provided by HRSA and does not included data from St. Louis County Department of Public Health. St. Louis County Department of Public Health is not a Federally Qualified Health Center and does not report data to HRSA.

Quality Assurance/Monitoring

The State and SLRHC are continually monitoring the performance of the Pilot Program to ensure it is providing access to quality health care for the populations it serves.

The SLRHC conducts satisfaction surveys with referring physicians (including support staff) and Gateway to Better Health enrollees on a regular basis. In addition, the State and SLRHC also continually monitor access to specialty care, wait times for medical appointments, and call center performance. Most recently available outcomes for these measures in Demonstration Year 8 are detailed in the sections below:

Patient Satisfaction Survey

Patient satisfaction has been assessed nine times from 2012 – 2017 with Gateway to Better Health patients. The most recent evaluation of patient satisfaction utilized surveys completed by patients at the end of their appointment. This assessment was conducted between May and August 2017, where a total of 607 patients participated. Results from this most recent evaluation found that Gateway patients are highly satisfied with their providers and the quality of the primary care services they received. Ninety-six percent of respondents indicated that they would recommend their health center to others. When asked how the program can be improved, the majority of Gateway patients had positive feedback for the health centers and expressed gratitude for the program.

Patient Satisfaction Survey Results for Primary Care Services, May - August 2017

Survey Item	Average Ratings*
Doctor and staff listened and explained things well	4.75
Overall quality of service	4.42

**5-point rating scale (1= Poor, 2=Fair, 3=Good, 4=Very Good, 5=Excellent)*

Provider Satisfaction Survey Results

Representatives from the provider organizations meet monthly to evaluate clinical issues, consumer issues and financial issues related to the program. SLRHC is monitoring appointment wait times and conducting satisfaction surveys with physician participants on a regular basis. In addition, provider satisfaction surveys are distributed to the five primary care health centers in the Gateway provider network to assess providers' experience with the referral process for the program. Provider satisfaction surveys have been conducted ten times from 2012 – 2017 with Gateway to Better Health providers. The most recent evaluation of provider satisfaction was conducted in May 2017, where a total of 81 providers participated. Results from the May 2017 reporting period are outlined below:

*Provider Satisfaction Survey Results, May 2017**

Survey Item	Average Ratings*
Overall ease of scheduling a consultation	2.64
Ease of contacting the rendering provider	2.59
Helpfulness and courtesy of staff when scheduling	2.80
Timeliness of available appointments	2.37
Report from consultation provider, did you receive it?	2.11
Report from consultation provider, was it meaningful?	2.48
Rendering specialist available to speak with you?	2.29

**4-point rating scale (1= Needs Improvement, 2=Average, 3=Above Average, 4=Excellent)*

*Provider Satisfaction Survey Results for Transportation Services, January - June 2015**

Survey Item	Average Ratings*
Ease of transportation scheduling process	3.70
Satisfaction with transportation services	3.54

**4-point rating scale (1= Needs Improvement, 2=Average, 3=Above Average, 4=Excellent)*

Provider satisfaction scores have improved across all metrics as compared to prior reporting periods. These improvements are largely a result of the Gateway teams reviewing the results of satisfaction assessments and identifying recommendations to the program.

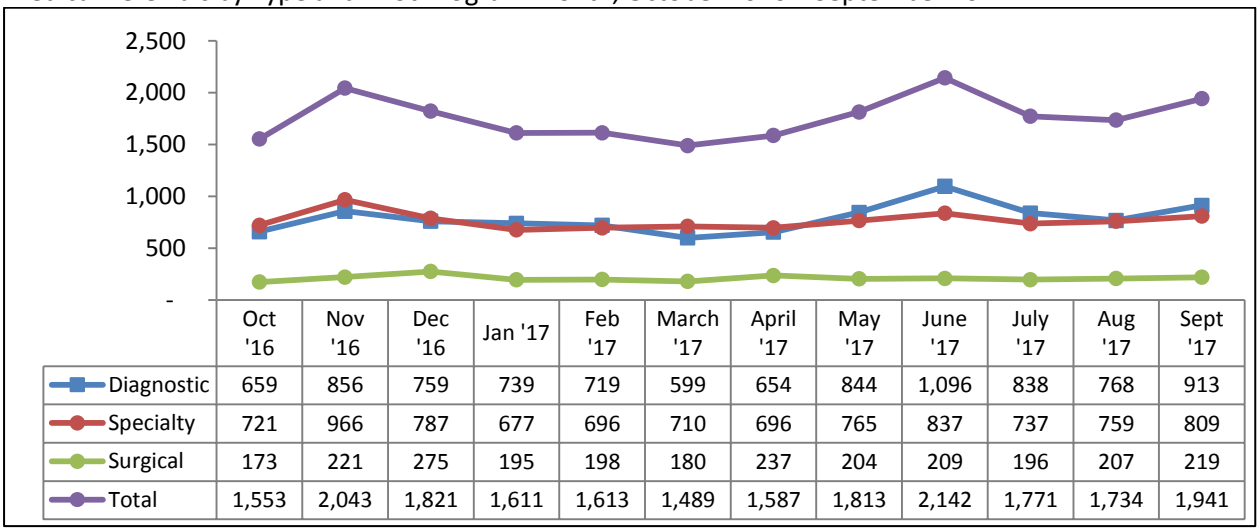
Access to Specialty Care

Specialty and Diagnostic Care Medical Referrals, October 1, 2016 – September 30, 2017*

Month	Referrals to Specialty Care Providers
October 2016	1,611
November 2016	1,613
December 2016	1,489
January 2017	1,587
February 2017	1,813
March 2017	2,142
April 2017	1,771
May 2017	1,734
June 2017	1,941
July 2017	1,432
August 2017	1,964
September 2017	1,600

**Reported medical referrals are based on Automated Health Systems data as of October 3, 2017.*

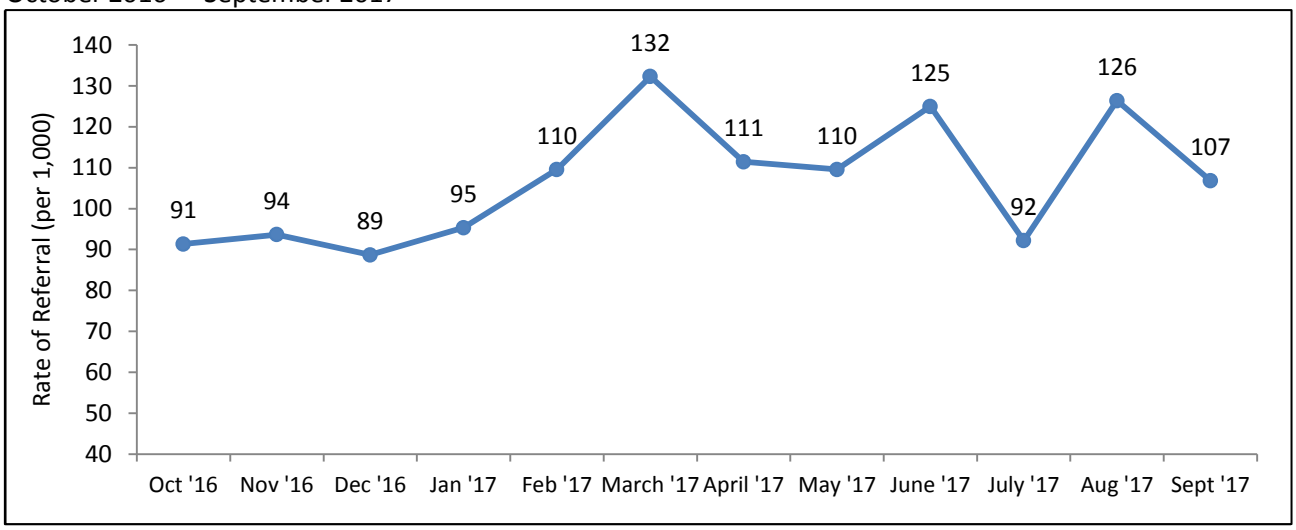
Medical Referrals by Type and Pilot Program Month, October 2016 – September 2017*



	Oct '16	Nov '16	Dec '16	Jan '17	Feb '17	March '17	April '17	May '17	June '17	July '17	Aug '17	Sept '17
Diagnostic	659	856	759	739	719	599	654	844	1,096	838	768	913
Specialty	721	966	787	677	696	710	696	765	837	737	759	809
Surgical	173	221	275	195	198	180	237	204	209	196	207	219
Total	1,553	2,043	1,821	1,611	1,613	1,489	1,587	1,813	2,142	1,771	1,734	1,941

**Reported medical referrals are based on Automated Health Systems data as of October 3, 2017.*

Rate of Referrals to Specialist by Pilot Program Month (per 1,000 Members Enrolled), October 2016 – September 2017*

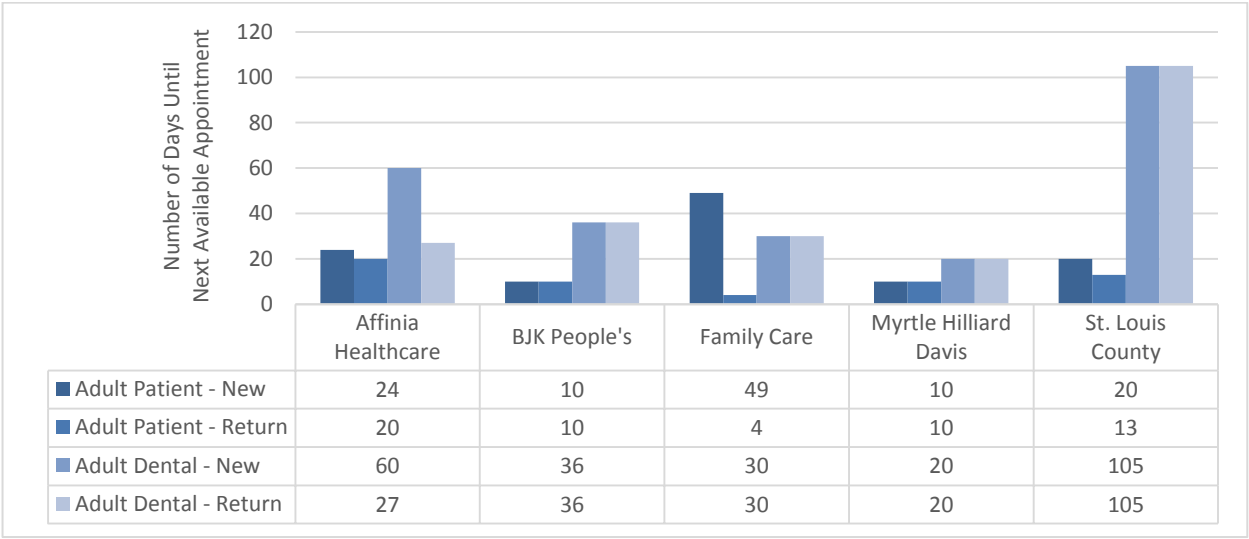


**Reported rates of medical referrals are based on Automated Health Systems data as of October 3, 2017. Rate of referral is determined by using the total referrals divided by the average monthly enrollment.*

Primary Care Appointment Wait Times

Gateway primary care appointment wait times as of the end of Demonstration Year 8 (September 30, 2017) are provided below. Most primary care providers were able to see new and returning medical patients within four weeks.

Primary Care Wait Times (Non-Urgent Appointments in Days), as of September 30, 2017*



	Affinia Healthcare	BJK People's	Family Care	Myrtle Hilliard Davis	St. Louis County
Adult Patient - New	24	10	49	10	20
Adult Patient - Return	20	10	4	10	13
Adult Dental - New	60	36	30	20	105
Adult Dental - Return	27	36	30	20	105

**Wait times self-reported by individual health center as of September 30, 2017, and are calculated for Gateway patients only.*

Specialty Care Appointment Wait Times

Specialty care appointment wait times at specialty care providers as of July 2017 are provided below. Wait times varied greatly by specialty.

*Adult Wait Times by Specialty**

	# of Days Until the Next Available Appointment	
Appointment Type	**New Patient**	**Return Patient**
Cardiology	12	12
Dermatology	46	24
Endocrinology	107	98
ENT/Otolaryngology	31	28
Gastroenterology (GI)	30	34
Gynecology	7	5
Hematology	14	10
Hepatology	-	-
Infectious Disease	57	59
Mental/Behavioral Health	18	18
Nephrology	41	50
Neurology	41	38
Neurosurgery	39	23
Obstetrics/Prenatal Care	19	9
Oncology	26	24
Ophthalmology/Eye Care	38	39
Orthopedics	28	24
Pain Management	22	23
Physical Therapy	5	5
Podiatry	31	24
Pulmonology	84	80
Rheumatology	67	59
Surgery -- General	26	12
Urology	23	25

* Wait times listed are the averages for self-reporting organizations (Barnes-Jewish Hospital, SLUCare, Mercy JFK Clinic, and Washington University in St. Louis School of Medicine – Adult).

Call Center Performance

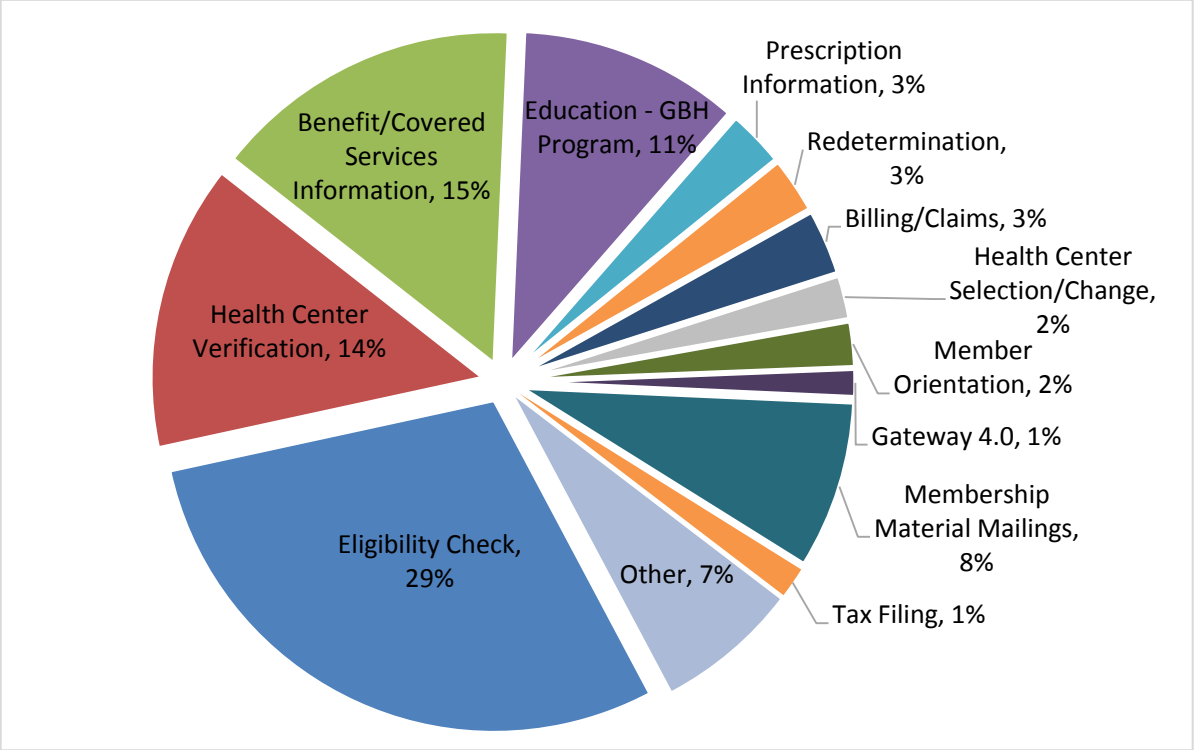
Individuals enrolled in the Gateway to Better Health Pilot Program have access to a call center, available Monday through Friday, 8:00 a.m. to 5:00 p.m. central standard time. When the call center is not open, callers may leave messages that are returned the next business day. Data on call center performance during Demonstration Year 8 are provided below:

Call Center Performance, October 2016 - September 2017

Performance Measure	Outcome
Calls received	14,860
Calls answered	14,357
Abandonment rate	3.4%
Average answer speed (*seconds*)	26
Average length of time per call (*minutes: seconds*)	4:10

**Call center performance metrics are based on Automated Health Systems data as of October 3, 2017.*

Call Center Actions, October 2016 – September 2017*



**Reported call center actions are based on Automated Health Systems data as of October 3, 2017.*

Consumer Issues

During Demonstration Year 8, the call center answered 14,860 calls, averaging approximately 59 calls per day. Of calls answered during this time, 87 (less than one percent) resulted in a consumer complaint. All consumer issues were resolved directly with the patient and associated provider(s). The most common source of complaint for this Demonstration Year was related "Access to Care", which includes a range of issues including the patients' ability to get a timely appointment, get a prescription filled, get a referral to see a specialist, as well as coordinating specialty care with primary care homes.

IV. Outreach and Engagement

SLRHC conducts outreach and engagement efforts for patients, providers and community members regarding the Gateway Demonstration on an ongoing basis. Outreach efforts in Demonstration Year 8 are summarized below.

Engagement of SLRHC Advisory Boards and Teams

Each month the SLRHC shares information and gathers input about the Demonstration from its 18-member board and its advisory boards. Full rosters of these boards may be found at www.stlrhc.org. The SLRHC shares monthly financial, enrollment, and customer service reports about the Pilot Program with its advisory boards in addition to the Pilot Program Planning Team and the committees that report to this team. These committees include the Operations and Finance workgroups. Members of the community, health center leadership, health center medical staff, and representatives from other medical providers in the St. Louis region are represented on these committees. Full rosters can be found in Attachment I of this report.

Enrollment Outreach

During Demonstration Year 8, the State provided training to community health centers to assist patients with the Gateway enrollment application process. Gateway primary care providers work with all of their uninsured patients, including young adult patients aging out of Medicaid, to assess their eligibility for Gateway and other programs, and enroll them in the Pilot Program, as applicable. In Demonstration Year 8, more than 4,100 new patients were enrolled in the Gateway program. As of September 30, 2017, 18.9% of Gateway enrollees were between the ages of 19 and 29; 21.0% between the ages of 30 and 39; 23.3% between the ages of 40 and 49; 28.3% between the ages of 50 and 59; and 8.5% between the ages of 60 and 64;

In addition, screening for Gateway eligibility over the life of the Pilot Program has resulted in the enrollment of more than 33,700 individuals in MO HealthNet programs, including but not limited to:

- 3,976 adults approved for MO HealthNet for the Aged, Blind, or Disabled
- 4,231 adults approved for MO HealthNet for Families

Member Orientations

The Gateway to Better Health program enrolls 600 to 1000 new members each month. In an effort to educate these new members about program and health center processes, the Pilot Program hosts orientation sessions for those members enrolled in the program for less than six months on a regular basis. Topics discussed during the sessions include program background, application process, member handbook and ID card, covered and non-covered benefits, transportation scheduling, redetermination and disenrollment, as well as health center specific policies. Member orientations were conducted at various sites for all Gateway primary care organizations: Betty Jean Kerr People's Health Center, Myrtle-Hilliard Davis Comprehensive Health Centers, Family Care Health Centers, Affinia Healthcare, and St. Louis County Department of Public Health. More than 1,025 members have attended member orientation sessions to date. Participants were asked to evaluate the effectiveness of each orientation session at its conclusion. The results from member orientation sessions held in during the July – September 2017 quarter are summarized below:

- 84% of members felt very confident or somewhat confident that they understood how to use their benefits
- 84% of members felt very confident or somewhat confident that they can navigate receiving health care service at their health center
- 88% of members felt the orientation sessions was very helpful or somewhat helpful

Community Meetings and Patient/Provider Communications

The RHC hosted public community meetings to inform stakeholders about the Gateway program throughout the Demonstration Year. These meetings provided information on Gateway enrollment, trends in accessing safety net services, and any changes to the Gateway network.

On June 20, 2017, a Post Award Public Notice Input session was held to inform the public on the progress of the Gateway demonstration and to receive feedback about the program thus far. The notice for this meeting was posted on the MO HealthNet web site 30 days in advance. The meeting was held as part of the regularly scheduled Community Advisory Board meeting of the St. Louis Regional Health Commission. Attendees received information on the number of people served and the number of services and visits provided by Gateway each year. The current membership of the program, including the distribution of chronic conditions and a demographic profile of Gateway members was also presented. An overview of patient and provider satisfaction feedback, as well as results from quality metrics, were reviewed. The audience was given an opportunity to provide feedback on the program's progress to date. Attendees expressed their satisfaction with the progress of the Demonstration and their support for the continued work of the Demonstration, including the implementation of trauma informed practices within the health centers. Comments from attendees included: "The program is awesome; [it is] doing great work and should be rewarded" and "Great incentive program!" A full list of comments from the post award public notice session are included below:

- The program is awesome. It's doing great work and should be awarded.
- Although Gateway does not pay for it, is there a way to track referrals to mental/behavioral health so we can understand the need for these services and gaps in care?
- Is there a reason for the significant improvement in hospitalization follow up from health centers?
- Great incentive program
- What are our enrollment outreach efforts – can we open enrollment to other community organizations outside of the health centers for additional outreach?
- How can we help capture ex-offenders from the Eastern Region and help them sign up for Gateway upon release?
- How has the ACA impacted enrollment for GBH?

Additionally, on September 1, 2017, CMS approved a five-year extension of the Gateway Demonstration program for patients up to 100% FPL until December 31, 2022. Patients and providers were notified of the extension approval via mailed communications, print and digital media, phone blasts targeted to members, as well as announcements on both the Gateway to Better Health and the St. Louis Regional Health Commission webpages.

Local Media Coverage

The Gateway program continues to be covered by local print, television, and radio media as a regional success story. Links to recent coverage are available at ww.stlrhc.org.

V. Enrollment, Waiting List and Disenrollment

Enrollment

The coverage model provides primary, urgent and specialty care coverage to uninsured adults in St. Louis City and St. Louis County with incomes up to 100% FPL. As of September 30, 2017, 14,975 unique individuals were enrolled in the Gateway to Better Health. Pilot Program enrollment by health center is also provided below:

*Pilot Program Enrollment by Population**

Demonstration Populations	Unique Individuals Enrolled as of September 30, 2017	Enrollment Months October 2016 – September 2017
Population 1: Uninsured individuals receiving both Primary and Specialty Care through the Demonstration	14,975	199,606
Population 2. Uninsured individuals receiving only Specialty Care through the Demonstration (<133% of FPL)	N/A	N/A
Population 3. Uninsured individuals receiving only Specialty Care through the Demonstration (134-200% of FPL)	N/A	N/A
Total for All Populations	**14,975**	**199,606**

**Enrollment numbers are based on MO HealthNet enrollment data as of September 30, 2017.*

*Gateway to Better Health Enrollment by Health Center**

Health Center	Unique Individuals Enrolled as of September 30, 2017	Member Months October 2016 - September 2017
BJK People's Health Centers	2,635	34,423
Family Care Health Centers	1,235	15,795
Affinia Healthcare	6,263	84,062
Myrtle Hilliard Davis Comp. Health Centers	2,897	38,405
St. Louis County Dept. of Health	1,945	26,922
Total	14,975	199,607

**Enrollment numbers are based on MO HealthNet enrollment data as of September 30, 2017.*

Waiting Lists

There were no waiting lists during Demonstration Year 8, as enrollment did not reach the enrollment cap of 21,423.

Disenrollment

During Demonstration Year 8, a total of 9,841 members were disenrolled from Gateway, averaging 820 members each month. The table below provides Gateway disenrollment by month in Demonstration Year 8:

*Gateway Member Disenrollment by Month, October 2016 – September 2017**

Month	Beginning Enrollment	New Enrollment	Disenrollment	Net Change	End of Month Enrollment
Oct '16	17,854	589	804	-215	17,639
Nov '16	17,639	431	850	-419	17,220
Dec '16	17,220	504	937	-433	16,787
Jan '17	16,787	613	752	-139	16,648
Feb '17	16,648	524	626	-102	16,546
March '17	16,546	647	1,003	-356	16,190
April '17	16,190	633	932	-299	15,891
May '17	15,891	575	615	-40	15,823
June '17	15,823	511	805	-294	15,529
July '17	15,529	750	942	-192	15,337
Aug '17	15,337	527	526	1	15,338
Sept '17	15,338	686	1,049	-363	14,975
Total	N/A	6,990	9,841	-2,851	N/A

**Data based on MO HealthNet enrollment data as of September 30, 2017.*

Based on preliminary analysis, the most common reasons for member disenrollment include: moving outside of St. Louis City and County, the program catchment area; meeting eligibility requirements for MO Medicaid; and a change in income status. While approximately 9,800 total patients disenrolled from Gateway in Demonstration Year 8, more than 4,100 new patients joined the program during this time.

VI. Utilization Trends

Outlined below are key findings regarding the Gateway program service utilization for Demonstration Year 8 (October 1, 2016 – September 30, 2017). Information presented is based primarily on an initial review of Gateway claims and service referral data.

Primary and Dental Care

Gateway provided more than 30,000 total primary care and dental visits during Demonstration Year 8. Gateway primary care physicians saw nearly 2,000 patients in their offices each month. Gateway dentists at community health centers saw about 570 patients in their offices each month. The table below reviews the annual distribution of primary and dental care office visits by provider.

*Primary Care and Dental Office Visits by Rendering Provider, October 1, 2016 – September 30, 2017**

Provider	Primary Care Office Visits	Dental Office Visits	Total Visits
BJK People's Health Centers	4,561	1,318	5,879
Family Care Health Centers	2,920	588	3,508
Affinia Healthcare (formerly known as Grace Hill)	7,926	2,743	10,669
Myrtle Hilliard Davis Comp. Health Centers	4,372	1,237	5,609
St. Louis County Dept. of Health	3,821	956	4,777
All Providers	23,600	6,842	30,442

**Reported utilization based on Gateway claims data as of December 6, 2017.*

Chronic Conditions

About 35% of all Gateway patients live with at least one chronic condition.

*Percentage of Patients with Chronic Conditions**

Medical Condition	Percentage of Patients
Hypertension	25%
Diabetes (Type 1 & 2)	10%
Asthma/COPD	10%
CVD, CHF, Heart Disease	6%
Total (unduplicated)	35%

Medications

Gateway provided more than 191,600 medications to manage chronic conditions and other diseases in Demonstration Year 8, including more than 14,500 prescriptions for brand name insulin and inhalers.

Specialty Care

Providers made more than 1,750 referrals for specialty care services each month. Of the more than 21,000 referrals made in Demonstration Year 8, more than 9,500 were for diagnostic services and more than 2,400 were for surgical procedures. Gateway provided more than 6,100 specialty office visits in Demonstration Year 8. The table below reviews the annual distribution of specialty care office visits by provider.

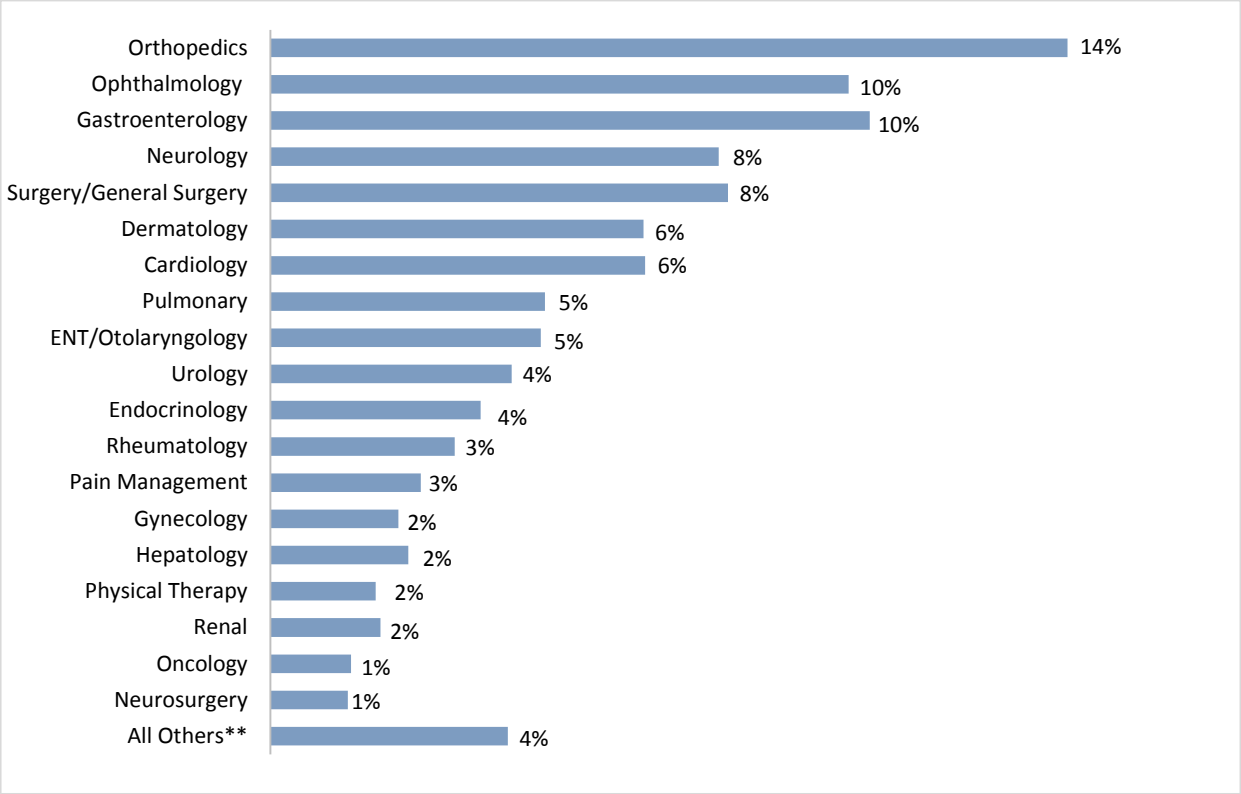
*Specialty Care Office Visits by Rendering Provider, October 1, 2016 – September 30, 2017**

Provider	Specialty Care Visits
SLUCare	3,056
Washington University School of Medicine	2,559
All Other Providers**	491
Total	6,106

**Reported utilization based on Gateway claims data as of December 6, 2017.*
*** Other providers include the following: Eye Associates Limited; Nephrology and Hypertension Specialists, LLC; St. Alexius Hospital; Mercy; BJC Medical Group; SSM Medical Group; and Dr. Theodore Otti.*

In Demonstration Year 8, orthopedics, gastroenterology and ophthalmology were the leading specialty care services to which Gateway patients were referred. The percent of specialty care referrals by service for Demonstration Year 8 is further detailed below:

Specialty Care Referrals by Service, October 1, 2016 – September 30, 2017



Urgent Care

Gateway provided more than 3,300 urgent care visits in Demonstration Year 8. Between October 1, 2016 and September 30, 2017, there were approximately 282 urgent care visits each month.

Table 5. Urgent Care Office Visits by Rendering Provider, October 1, 2016 – September 30, 2017*

Provider	Urgent Care Visits
Affinia Healthcare	2,519
Myrtle Hilliard Davis Comp. Health Centers**	1
SSM Urgent Care***	858
All Providers	**3,378**

**Reported utilization based on Gateway claims data as of December 6, 2017.*
*** As of January 1, 2017, Myrtle Hilliard Davis ceased operations of its urgent care site. Myrtle Hilliard Davis has contracted with Affinia Healthcare to provide urgent care services to their patients at Affinia's urgent care location.*
****SSM Urgent Care provides urgent care services for BJK People's Health Centers, Family Care Health Centers and St. Louis County Department of Health Gateway members.*

VII. Policy and Administrative Difficulties and Solutions

There are no other operational or policy issues to report for Demonstration Year 8.

VIII. Updates on the Financial Sustainability of the Affiliation Partners and the St. Louis Regional Health Commission

Planning for financial sustainability of the Affiliation Partners and SLRHC has been underway throughout the Demonstration period. Updates are provided below:

Grace Hill and Myrtle Hilliard Davis Sustainability

The primary care Affiliation Partner organizations, Affinia Healthcare (formerly known as Grace Hill) and Myrtle Hilliard Davis, continue to work towards the benchmarks outlined in their respective sustainability plans, submitted in June 2011, as part of the Pilot Plan. Long-term sustainability for the Affiliation Partners is dependent on coverage options being available for their patients at the end of the Demonstration.

The move to a coverage model has required the providers supported by the Demonstration to understand underlying costs structures and streamline operations in preparation for the post-Demonstration environment.

St. Louis Regional Health Commission Sustainability

At the current time, SLRHC's major priority is the successful management of the Gateway program. Once this duty has been successfully discharged, the SLRHC will reassess its priorities. The SLRHC continues to sustain its non-Gateway operations through contributions from St. Louis City and County and grants.

IX. Provider Payments

On July 1, 2012, the Demonstration transitioned to a coverage model, as opposed to a direct payment or block grant model. Uncompensated care costs under the direct payment model are documented in reports for previous Demonstration years.

Key Findings from Gateway Program Fiscal Year End Results

The table below documents Gateway Pilot Program expenses in Demonstration Year 8 as compared to the operating budget. An explanation of key variances by provider type is also provided.

Gateway Actual to Operating Budget, October 1, 2016 - September 30, 2017*

Provider Type	Actual	Operating Budget	Percent Variance
Primary Care Providers	$12,000,198	$13,294,480	-10%
Specialty Care Providers	$6,691,575	$8,530,685	-22%
Transportation	$260,395	$284,131	-8%
Gateway Administration	$3,694,550	$3,901,641	-5%
Total Allowable Gateway Program Expenses	**$22,646,719**	**$26,010,937**	**-13%**

*Reported information based on data as of December 1, 2017. Additional allowable expenses may be incurred for the federal fiscal year.

Primary Care:
Gateway primary care providers earned $12 million from October 1, 2016 to September 30, 2017 (FFY17), or 10% less than the operating budget for the fiscal year. Redeterminations and income limitations played a critical role during the fiscal year in reducing membership for Gateway. Additionally, many of the Gateway members became eligible for Medicaid. These factors contributed to the decline in revenue for the primary care providers, which are paid on a per-member-per-month basis.

Specialty Care:
Specialty care providers earned approximately $6.7 million, or 22% less than the operating budget for the fiscal year as of December 1, 2017. This variance is primarily due to claims lag and members qualifying for Medicaid or no longer qualifying for the program due to income limitations or redeterminations.

Other Program Expenses:
Gateway transportation and administrative expenses to date have been 8% and 5%, respectfully, less than the operating budget for FFY17. This variance is attributed to the decline in membership.

Cost of Specialty Care Services

The table below reviews specialty care costs in Demonstration Year 8 for Gateway providers based on claims data. Beginning January 1, 2014, providers were reimbursed at rate equivalent to 100% of

Medicare. Claims are still being submitted for the 4th quarter of Demonstration Year 8. It is anticipated that claims amount for the period may increase as additional claims are filed.

Cost of Specialty Care Services, October 1, 2016 – September 30, 2017*

Provider Name	Provider Payments
BJC Healthcare	$1,202,228
Mercy & Affiliates	$46,050
SLUCare	$1,433,667
SSM Managed Care	$1,700,603
Washington University School of Medicine	$2,156,215
All Other	$152,812
Total	**$6,691,575**

*Reported information based on data as of December 1, 2017. Additional allowable expenses may be incurred for the federal fiscal year.

Provider Incentive Payments

The Incentive Payment Protocol requires seven percent of provider funding to be withheld from Gateway primary care providers. The seven percent withhold is tracked and managed on a monthly basis. The SLRHC is responsible for monitoring the health centers' performance against the pay-for-performance metrics in the Incentive Payment Protocol. Withholds for Gateway providers during Demonstration Year 8 are outlined below:

Summary of Provider Payments and Withholds, October 1, 2016 - September 30, 2017*

Providers	Provider Payments**	Provider Payments Withheld
Affinia Healthcare (formerly known as Grace Hill)	$5,073,663	$351,942
BJK People's Health Centers	$2,063,655	$144,260
Family Care Health Centers	$963,349	$66,219
Myrtle Hilliard Davis Comprehensive Health Centers	$2,286,474	$160,848
St. Louis County Department of Health	$1,613,056	$112,630
Total	**$12,000,198**	**$835,900**

Payments in the table above are subject to change as patient enrollment/eligibility changes.
*Reported provider payments and withholds are based on data as of December 1, 2017.
**Amount represents actual earnings including incentive payments.

Pay-for-performance incentive payments are paid out at six-month intervals of the Pilot Program based on performance during the following reporting periods:

1) July 1, 2012 – December 31, 2012
2) January 1, 2013 – June 30, 2013
3) July 1, 2013 – December 31, 2013
4) January 1, 2014 – June 30, 2014
5) July 1, 2014 – December 31, 2014
6) January 1, 2015 – June 30, 2015

7) July 1, 2015 – December 31, 2015
8) January 1, 2016 – June 30, 2016
9) July 1, 2016 – December 31, 2016
10) January 1, 2017 – June 30, 2017
11) July 1, 2017 – December 31, 2017

The tenth pay-for-performance reporting period ended on June 30, 2017. The complete results are provided in Appendix IV. In general, the providers continued to build off gains from the first reporting period and have made great strides in attaining the clinical quality measures. It is expected that the participating providers will continue to improve results as the program continues.

In the tenth reporting period, individually, all primary care providers achieved at least four of the six clinical quality measures. Family Care Health Centers achieved all quality metrics. Across all primary care providers, 75% of patients enrolled for six months had a primary care visit during that time, with a threshold of 80%. Eighty-seven percent of patients with chronic conditions enrolled six months had two primary care visits during that time, with a threshold of 80%. In addition, 60% of the patients with diabetes had HgbA1c measures <9%, with a threshold of 60%. Of all diabetic patients, 85% had their HgbA1c drawn within six months. Also, 71% of hospitalized patients received follow-up within 7 days of discharge, with a threshold of 50%.

In the tenth pay-for-performance period, all primary care providers successfully attained the measure related to rate of referrals to specialists (threshold of 680/1000). Tracking these measures has enabled the providers to address operational and clinical improvements to help them achieve better outcomes over the life of the program.

Pay-for-performance incentive outcomes for the time period of July 1, 2017 – December 31, 2017, are not yet available but will be shared in future reports.

Incentive Protocol

Beginning July 1, 2012, with the implementation of the pilot program, the project team instituted new provider incentives and activities. The Incentive Payment Protocol (provided as Appendix III) was submitted to CMS on August 16, 2012, and subsequently amended on April 24, 2014, and August 11, 2014.

The Incentive Payment Protocol requires 7% of provider funding to be withheld from the Gateway providers. The 7% withheld is tracked on a monthly basis. The St. Louis Regional Health Commission is responsible for monitoring the primary care organizations' performance against the pay-for-performance metrics in the Incentive Payment Protocol. Effective January 1, 2014, the Incentive Payment Protocol is only applicable to primary care organizations.

Provider Infrastructure Payments

No provider infrastructure payments were made during Federal Fiscal Year 8.

APPENDIX I: Gateway Team Rosters

Pilot Program Planning Team

James Crane, MD, (Chair)
Associate Vice Chancellor for Clinical Affairs, Washington University School of Medicine

Kate Becker
President, SSM Health St. Louis University Hospital

Dwayne Butler
President and Chief Executive Officer, BJK People's Health Centers

Caroline Day, MD, MPH
Chief Medical Officer, Family Care Health Centers

Alan Freeman
President and Chief Executive Officer, Affinia Healthcare (formerly known as Grace Hill)

Joe Yancey
Executive Director, Places for People

Angela Clabon
Chief Executive Officer, Myrtle Hilliard Davis Comprehension Health Centers

Faisal Khan, MBBS, MPH
Director, St. Louis County Department of Public Health

Jennifer Tidball
Director, MO HealthNet Division, Department of Social Services, State of Missouri

Robert Fruend (ex officio)
Chief Executive Officer, St. Louis Regional Health Commission

Angela Brown (ex officio)
Chief of Staff, St. Louis Regional Health Commission

Operations Subcommittee

Gretchen Leiterman (Chair)
Chief Operating Officer
SSM Health Saint Louis University Hospital

Bernard Ceasor
GBH Section Supervisor
Family Support Division

Deneen Busby
Director of Operations
Myrtle Hilliard Davis Health Centers

Kitty Famous
Manager, CH Orthopedic & Spine Surgeons
BJC Medical Group

Felecia Cooper

Yvonne Buhlinger
Vice President, Development and Community Relations
Affinia Healthcare

Vickie Wade
Vice President of Clinical Services
Betty Jean Kerr People's Health Centers

Peggy Clemens
Practice Manager
Mercy Clinic Digestive Diseases

Cindy Fears
Director, Patient Financial Services
Affinia Healthcare

Renee Riley

Nursing Supervisor
North Central Health Center

Tony Amato
Assistant Director, Managed Care
SLUCare

Andrew Johnson
Senior Director, A/R Management
Washington University School of Medicine

Danielle Landers
Community Referral Coordinator
St. Louis Integrated Health Network

Antonie Mitrev
Director of Operations
Family Care Health Centers

Gina Ivanovic
Manager, Referral Programs
Washington University School of Medicine

Jacqueline Randolph
Director, Ambulatory Services
BJH Center for Outpatient Health

Managed Care Operations Manager
MO HealthNet Division (MHD)

Linda Hickey
Practice Manager
Mercy Clinic Heart & Vascular

Lynn Kersting
Chief Operating Officer
Family Care Health Centers

Jody Wilkins
Nursing Supervisor
South Count Health Center

Harold Mueller
Director, Planning and Development
Barnes-Jewish Hospital

Dr. James Paine
Chief Operating Officer
Myrtle Hilliard Davis Health Centers

Finance Subcommittee

Mark Barry/Denise Lewis-Wilson
Fiscal Director/Patient Accounts Manager, St. Louis County Department of Health

Gregory Stevenson
Chief Financial Officer, Myrtle Hilliard Davis Comprehensive Health Centers

Janet Voss
Vice President and Chief Financial Officer, Affinia Healthcare (formerly known as Grace Hill)

Dennis Kruse
Chief Financial Officer, Family Care Health Centers

Connie Sutter
Fiscal and Administrative Manager, MO HealthNet Division, Missouri Department of Social Services

Hewart Tillett
Chief Financial Officer, Betty Jean Kerr People's Health Centers

Andrew Johnson
Senior Director of A/R Management, Washington University School of Medicine

Transition Planning Team

Cheryl Walker (Chair)
Attorney, Bryan Cave, LLP

Kate Becker
President, SSM Health St. Louis University Hospital

James Buford
Civic Leader

Alan Freeman
Chief Executive Officer, Affinia Healthcare (formerly known as Grace Hill)

Faisal Khan, MBBS, MPH, *Director,* St. Louis County Department of Health

Bethany Johnson-Javois
Chief Executive Officer, St. Louis Integrated Health Network

Robert K. Massie, D.D.S.
Chief Executive Officer, Family Care Health Centers

Will Ross, M.D
Associate Dean and Director of the Office of Diversity, Washington University School of Medicine

Melba Moore
Acting Director, St. Louis City Department of Health

APPENDIX II: Interim Evaluation Findings

This section provides a narrative summary of the evaluation design, status (including evaluation activities and findings to date), and plans for evaluation activities during the demonstration year (ending December 31, 2017). The section reports on hypotheses being tested and preliminary evaluation results.

Evaluation Design Summary

The Gateway to Better Health Demonstration Project includes the following main objectives:

I. Preserve and strengthen the St. Louis City and St. Louis County safety net of health care providers available to serve the uninsured.

II. Connect the uninsured to a primary care home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement; and

III. Maintain and enhance quality service delivery strategies to reduce health disparities.

From July 1, 2012, when the pilot coverage model went into effect, through December 31, 2013, the Demonstration: (1) provided primary, urgent, and specialty care coverage to uninsured[3] adults in St. Louis City and St. Louis County, aged 19-64, who are below 133% of the Federal Poverty Level (FPL) through a coverage model known as Gateway to Better Health Blue; and (2) provided individuals otherwise meeting the same requirements but with income up to 200% of the FPL with urgent and specialty care services, excluding the primary care benefit, through a coverage model known as Gateway to Better Health Silver.

On September 27, 2013, CMS approved a one-year extension of the Gateway Demonstration program until December 31, 2014. As of January 1, 2014, the coverage model provides primary, urgent and specialty care coverage to one population: uninsured adults, aged 19-64, in St. Louis City and St. Louis County with incomes up to 100% FPL. Individuals with incomes between 100% and 200% FPL were not eligible for Gateway coverage as of January 1, 2014. On July 16, 2014, December 11, 2015 and again on June 16, 2016, CMS approved an additional one-year extension of the Gateway Demonstration program for individuals up to 100% FPL until December, 31, 2017. On September 1, 2017, CMS approved a five-year extension of the demonstration program.

Determination of Evaluator

In 2010, with cooperation from MO HealthNet staff, the St. Louis Regional Health Commission selected Mercer Government Human Services Consulting to perform the final evaluation of the Gateway to Better Health Demonstration Project. Mercer will continue to serve as the external evaluator for the Gateway period throughout the approval period.

[3] To be considered to be "uninsured" applicants must not be eligible for coverage through the Medicaid State Plan. Screening for Medicaid eligibility is the first step of the Gateway to Better Health eligibility determination.

Populations Evaluated

The demonstration project is designed to maintain and increase access to primary and specialty care for the uninsured in St. Louis City and County. As a result, the evaluation will focus on uninsured patients who are served by the health care safety net in St. Louis. For the extension period, the evaluation will examine clinical activities for uninsured adults, aged 19-64, in St. Louis City and St. Louis County, as defined by the STCs issued in June 2016.

The St. Louis health care safety net is comprised of the five St. Louis area community health centers, including Betty Jean Kerr People's Health Centers, Family Care Health Centers, Affinia Healthcare (formerly known as Grace Hill), Myrtle Hilliard Davis Comprehensive Health Centers and St. Louis County Department of Public Health. The St. Louis safety net also includes area academic medical institutions (Washington University School of Medicine and St. Louis University School of Medicine). These organizations are members of the St. Louis Integrated Health Network (IHN). The IHN is a 501(c)(3) comprised of primary and specialty medical care providers in the St. Louis region. The goal of the IHN is to ensure access to health care for the uninsured and underinsured through increased integration and coordination of a safety net of health care providers.

Over the last decade, the work of the safety net providers in the St. Louis region has focused on helping patients establish a medical home in one of the community health centers in an effort to reduce health disparities and increase the effective utilization of the community's health care resources. The Demonstration Project is intended to continue these efforts while preparing patients and safety net provider organizations for an effective transition to coverage that will be available under health care reform.

Isolation of Outcomes

Because the program serves uninsured patients of a select provider network within St. Louis City and St. Louis County, the program will be able to track outcomes for safety net delivery systems, provider organizations and patients. The patients targeted by this program have very little access to health care services beyond those available from the provider organizations who are members of the St. Louis Integrated Health Network. This fact makes it easier to isolate the outcomes of this program. Furthermore, the "coverage model" provides utilization data and quality metrics for the population enrolled in the Pilot Program, enabling the project team to isolate outcomes to the targeted population. Performance and health indicator outcomes will be compared with averages of other community health centers in the State.

Approach to Demonstration Project Evaluation

The Gateway to Better Health Demonstration Project includes the following main objectives:

I. Preserve and strengthen the St. Louis City and St. Louis County safety net of health care providers available to serve the uninsured.

II. Connect the uninsured to a primary care home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement; and

III. Maintain and enhance quality service delivery strategies to reduce health disparities.

Through these objectives, the Gateway to Better Health Pilot Program expects to evaluate the following hypotheses:

I. By preserving health care services at safety net providers, services will be maintained in the urban core where the greatest health disparities exist, enabling low-income patients to receive preventive, specialty and primary care under the coverage model.

II. Patients who have access to affordable coverage will demonstrate quality outcomes comparable to other insured populations within community health centers.

III. For those patients aging out of Medicaid who need a coverage option, the pilot project provides a transition to coverage available under the Affordable Care Act, providing an effective bridge for these patients.

Described below is the recommended approach to evaluating and analyzing outcomes against the three main objectives of the program.

I. Preserve and strengthen the St. Louis City and St. Louis County safety net of health care providers available to serve the uninsured.

The funding provided by the Gateway to Better Health Demonstration Project is critical to maintaining access to primary and specialty care services for the uninsured in the St. Louis region, particularly for those who live in the urban core where few options exist for health care services. Without the Pilot Program or Medicaid expansion in Missouri, much of the region's safety net would not be financially sustainable. As such, maintaining funds from the Demonstration project leads to the overall stability of the safety net and ensures access for those uninsured and underinsured patients. The evaluation will highlight pay-for-performance payments as well as total revenue for the community health centers which serve as primary care homes for Gateway patients.

Ensuring that services remain available and accessible to patients in these communities will be important in evaluating the success of the demonstration project. To measure this, the project team will report on any change in health center locations and significant changes in hours of operation during the period of the demonstration. The rationale for tracking health center locations is to consider whether geographically dispersed access points were maintained throughout the community. The rationale for measuring hours of operation is to consider whether health centers maintained hours of operation that offered sufficient access to patients, including weekend and evening hours.

It is also important to track utilization of these services on an annual basis by payor and by service line at each provider. The rationale for measuring encounters is to analyze changes in the amount and types of services provided to different patient payor groups (particularly the uninsured) at each Gateway provider throughout the Demonstration. This data will assist evaluators in assessing changes in access to services during the Demonstration.

In addition, patients rely on health centers for a range of services from annual exams, tests and diagnostics to nutrition education and mental health. During each year of the Demonstration, the service offerings available at each provider organization will be documented in order to provide analysis of any changes in service availability.

II. Connect the uninsured to a primary care home which will enhance coordination, quality and efficiency of health care through patient and provider involvement.

The Gateway to Better Health Demonstration Project is a medical home initiative. Enrolled patients are assigned a primary care medical home that provides comprehensive primary care services; continuous preventive, chronic care and medication management; self-care support and community resources; and care coordination for tests, referrals and transitions of care; along with a payor source that covers the cost of outpatient health care services. The Gateway providers are committed to using performance data for continuous quality improvement. Appendix III provides the pay-for-performance incentive measures upon which a set percentage of Demonstration payments are based. Appendix II provides health indicator baselines and goals for quality measurement. In addition, the Gateway primary care providers participate in the State of Missouri's medical home initiative and are working with the Missouri Primary Care Association (MPCA) to achieve official recognition from the NCQA as Patient-Centered Medical Homes.

The Demonstration project regularly assesses patient and provider satisfaction of the Pilot Program. Satisfaction is measured through surveys and focus groups performed by either the SLRHC and the community health centers or through a contracted vendor. From this evaluation, feedback and input is gathered to improve program experience for both providers and patients. Results from these surveys will be included in the overall evaluation of the Gateway to Better Health Demonstration project.

Enrollment trends by health center, zip code, age, gender and race/ethnicity are also monitored throughout the Demonstration

III. Maintain and enhance quality service delivery strategies to reduce health disparities.

The region's Federally Qualified Health Centers and health departments are continually focused on reducing the health disparities that exist in the St. Louis region. The St. Louis Regional Health Commission studied this issue in depth in 2003, when it released *Building a Healthier St. Louis*. This report served as the foundation for the ongoing collaborative work of the members of the RHC to improve the health care safety net in St. Louis.

For the Demonstration Project, the participating Gateway primary care provider organizations will track those health disparity measures reported annually in UDS reports. The project team

will use the Missouri Primary Care Association (MPCA) data warehouse to report health disparity measures. Tobacco use and cessation, cervical cancer screening, breast cancer screening, adult weight screening and follow up, blood pressure and diabetes control have been selected as health disparity measures. The project team will compare these measures of Gateway providers with the average of community health centers in the State of Missouri. It is anticipated that the participating organizations will perform at or above the average performance of all FQHCs in the State. In addition, the evaluation metrics will be reported by age, gender and race/ethnicity for each of the proposed health indicators in Appendix II, as available. All Gateway patients are residents of St. Louis City and St. Louis County. The State does not anticipate reporting health disparity measures by geography.

The St. Louis Regional Health Commission also leads the Alive and Well STL initiative, which focuses on the impact of trauma and toxic stress on physical and emotional health. During the evaluation period, the SLRHC seeks to intersect the Gateway to Better Heath program and Alive and Well STL through collaborative learning sessions where Gateway providers and organizations can become trained in providing trauma informed care to their patients, including those Gateway to Better Health patients. The impact of this training will be measured through ongoing assessments of each provider organization's adoption of trauma informed practices. Providers will determine which quality or process measures they seek to improve within their organizations through this work. Results from these evaluations will be reported in the evaluation for the demonstration project.

The Pilot Program Planning team and its subcommittees (comprised of representatives from participating provider organizations) monitor utilization and quality outcomes of the Gateway to Better Health program. The teams meet regularly to discuss solutions and innovative techniques to improve quality and consumer issues related to the program. Participating providers work together to implement new strategies aimed at improving care coordination and quality.

The following table summarizes the key questions and areas of analysis by Demonstration objectives. Interim evaluation findings are provided later in this report section.

Demonstration Questions and Areas of Analysis by Objective

Demonstration Objective	**Key Questions**	**Key Measures/Data Sources**	**Analysis**
I. Preserve and strengthen the St. Louis City and St. Louis County safety net of health care providers available to serve the uninsured.	Were primary health care services maintained in the neighborhoods where they existed at the beginning of the demonstration project (July 2010)? Did St. Louis City and St. Louis County uninsured individuals maintain access to specialty care services at a level provided at the beginning of the demonstration project? Did the types of services available (i.e. nutrition education, lab tests, radiology) in July 2010 remain available throughout the Demonstration project?	Health center locations and hours of operation. Primary care encounters by payor and by service line at safety net primary care organizations on an annual basis. Urgent care encounters at Gateway urgent care sites on an annual basis. Specialty care encounters and diagnostic services provided by safety net specialty care providers on an annual basis. Services available at Gateway provider organizations on an annual basis. Provider revenue data by federal fiscal year.	Description of changes in service and impact of changes on the patient community.
II. Connect the uninsured to a primary care home which will enhance coordination, quality and efficiency of health care through patient and provider involvement.	How many uninsured patients had a medical home at Gateway primary care organizations each year of the Demonstration project? How did Gateway patients and providers rate overall coordination, quality and delivery of healthcare services?	Number of primary care patients seen by Gateway providers who are uninsured on an annual basis. Pay for performance quality results by reporting period. Number of new enrollees in the program on an annual basis. Number of enrollees in the program by primary care home, zip code, age, gender, race/ethnicity. Results from patient and	Description of trends in connecting the uninsured to a primary care home and the impact of having a primary care home on the uninsured.

Demonstration Objective	Key Questions	Key Measures/Data Sources	Analysis
		provider satisfaction surveys.	
III. Maintain and enhance quality service delivery strategies to reduce health disparities.	By race and ethnicity, what percentage of patients met health disparities metrics (tobacco use and cessation, cervical cancer screening, breast cancer screening, adult weight screening and follow up, blood pressure and diabetes control)? Did providers implement new programs with the aim to maintain and enhance quality as well as reduce health disparities?	UDS quality measures for each year of the demonstration project from participating organizations (sourced from HRSA and MPCA). Number of participating primary and specialty care provider organizations that are actively implementing trauma informed practices and/or other quality initiatives. Wait times at safety net primary and specialty care providers.	Description of trends presented in UDS data, including how that data compares to state and national averages for other community health centers. Description of how trauma informed care has improved quality of care and/or reduced disparities.

In addition to the stated objectives of the demonstration project, CMS' special terms and conditions specify that the draft evaluation design shall address the following evaluation questions and topics:

I. How has access to care improved for low-income individuals?

As addressed in the description of Objective I, the following information will be tracked throughout the demonstration:

- Health center locations and hours of operation;
- Primary care encounters by payor and by service line at safety net primary care organizations on an annual basis;
- Urgent care encounters provided by Gateway urgent care sites;
- Specialty care encounters and diagnostic services by payor and by service line at medical schools, hospitals and community specialist providers on an annual basis on;

In addition to the information mentioned above, the Demonstration will also track the following:

- Number of transportation rides to medical appointments funded through Gateway

This information will provide insights about where and what services have been maintained or enhanced throughout the Demonstration Project.

II. How successful is the Demonstration in expanding coverage to the region's uninsured by 2% each year?

The following information will be tracked throughout the Demonstration:

- Primary care (including urgent care) encounters among the uninsured and the Medicaid population at community health centers;
- Number of uninsured individuals in St. Louis and County on an annual basis;
- Number of individuals covered by Medicaid in St. Louis and County on an annual basis.

The annual number of uninsured encounters and patients will be tracked for each of the primary care provider organizations that receive funding throughout the Demonstration.

Coinciding with the time period of the Demonstration, community health centers led organization-wide outreach efforts to enroll eligible patients into available coverage, including Gateway to Better Health, Medicaid programs and private insurance available through the federal exchange. Trends in enrollment into coverage will be monitored and reported in the evaluation of the demonstration program.

With enrollment efforts among safety net providers in the St. Louis region, the number of encounters and unique patients served among these populations will also be an important factor in determining the success of expanding coverage to the region's uninsured. As a result, utilization trends within safety net providers among those covered through Gateway, Medicaid and private insurance will be monitored and reported in evaluation efforts for the demonstration project.

III. To what extent has the Demonstration improved the health status of the population served in the Demonstration?

Health status of the population will be tracked through the annual analysis of certain measures, which are reported on annual UDS reports or are HITECH Meaningful Use measures. In addition, the Incentive Payment Protocol (originally submitted to CMS on August 16, 2012, and subsequently amended on April 24, 2014, and August 11, 2014, and discussed in item IV below) aligns health status measures with the provider payment methodologies to provide further incentives for the delivery of quality healthcare services for the duration of the pilot program. For a complete list of proposed quality measures, see Appendix II.

IV. Describe provider incentives and activities.

Beginning July 1, 2012, with the implementation of the pilot program, the project team instituted new provider incentives and activities. The Incentive Payment Protocol (provided as Appendix III) was originally submitted to CMS on August 16, 2012, and subsequently amended on April 24, 2014, and August 11, 2014.

The Incentive Payment Protocol requires 7% of provider funding to be withheld from the Gateway providers. The 7% withheld is tracked on a monthly basis. The St. Louis Regional Health Commission is responsible for monitoring the participating organizations' performance against the pay-for-performance metrics in the Incentive Payment Protocol. Effective January 1, 2014, the Incentive Payment Protocol was only applicable to primary care organizations.

The evaluation will provide an analysis of provider performance against the performance incentive

criteria and discuss provider payment. The evaluation will also compare outcomes with data from health centers statewide as described in Item V below.

V. Include comparable FQHC population/providers to compare effectiveness of provider payment incentives.

As described in item IV above, the St. Louis Regional Health Commission is responsible for monitoring the health centers' performance against the pay-for-performance metrics in the Incentive Payment Protocol. The Incentive Payment Protocol is provided in Appendix III.

The evaluation will also provide an analysis of provider performance outcomes as compared to statewide health center performance data for the following UDS measures:

- Percentage of adults age 18 and older assessed for tobacco use and, if identified as a tobacco user, received cessation counseling and/or pharmacotherapy at least once within 24 months;
- Proportion of patients 18 to 85 years of age with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 (adequate control) at the time of the last reading;
- Percentage of women 24 to 64 years of age who received one or more Pap tests to screen for cervical cancer during the measurement year or during the 2 calendar years prior to the measurement year or for women who were 30 years of age or older at the time of the test who choose to also have an HPV test performed simultaneously, during the measurement year or during the 4 calendar years prior to the measurement year;
- Proportion of adult patients 18 to 75 years of age with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was less than 9% at the time of the last reading in the measurement year;
- Percentage of patients aged 18 and over who had documentation of a calculated BMI during the most recent visit or within the 6 months prior to that visit and if the most recent BMI is outside parameters, a follow-up plan is documented.

VI. What effect does providing access to brand name insulin and inhalers when there is no generic alternative have on beneficiaries?

Beginning January 1, 2016, the pilot program began providing for brand name insulin and inhalers, as there are no generic alternatives to these medications at this time. To measure the success of this new benefit on beneficiaries, the STLRHC will track the number of these prescriptions provided to patients.

To measure the impact of providing coverage for brand name insulin and inhalers, the pilot program already tracks a number of quality indicators relevant to patients who may utilize this new benefit through incentives payments and UDS reporting. Changes in the quality measures specific to patients utilizing this benefit are listed below and will be reported in the evaluation:

- Number of patients with chronic diseases with at least two office visits within one year as measured through the Incentive Payment Protocol in six month reporting periods;

- Number of patients with diabetes with one HgbA1c test within six months as measured through the Incentive Payment Protocol in six month reporting periods;
- Number of patients with diabetes with a HgbA1c less than or equal to 9% as measured through both the Incentive Payment Protocol in six month reporting periods as well as through annual UDS health status reporting.

Interim Evaluation Findings for Demonstration Objectives

Based on data gathered to date, all Demonstration objectives have been met or significant progress can be demonstrated. Provided below are interim evaluation findings for each Demonstration objective. Unless otherwise noted, findings are based on reported data through calendar year 2016.

The Demonstration objectives are as follows:

I. Preserve and strengthen the St. Louis City and St. Louis County safety net of health care providers available to serve the uninsured.

II. Connect the uninsured to primary care homes which will enhance coordination, quality, and efficiency of health care through patient and provider involvement.

III. Maintain and enhance quality service delivery strategies to reduce health disparities.

Objective I: Preserve and strengthen the St. Louis City and St. Louis County safety net of health care providers available to serve the uninsured.

Key questions for this demonstration objective include:

- Were primary health care services maintained in the neighborhoods where they existed at the beginning of the Demonstration project (July 2010)?
- Did St. Louis City and St. Louis County uninsured individuals maintain access to specialty care services at a level provided at the beginning of the demonstration project?
- Did the types of services available (i.e., nutrition education, lab tests, radiology) in July 2010 remain available until December 31, 2014?

Findings to Date

The Demonstration has met Objective I, as evidenced by:

A. Safety net primary care homes funded by Gateway provided more than 276,800 primary care encounters to uninsured patients in 2016.

B. Primary care health centers have maintained hours of operation and locations throughout the demonstration.

C. Primary care services levels at St. Louis area safety net organizations were maintained through 2016.

D. Access to specialty care has been maintained throughout the demonstration.

E. Urgent care continues to be accessible for Gateway to Better Health patients.

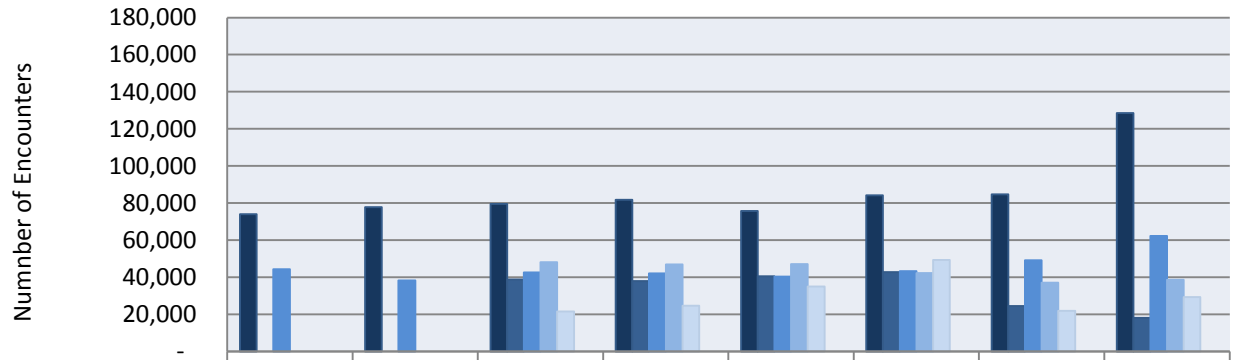
F. Gateway to Better Health continues to be a major source of funding for safety net providers in the region.

Each of these findings is reviewed in detail below:

A. Safety net primary care homes funded by Gateway provided more than 276,800 primary care encounters to uninsured patients in 2016.

Uninsured primary care encounters at primary care affiliation sites increased (+3.2%) from 118,327 in 2009 (baseline) to 122,114 in 2011 (the year before the coverage model was implemented). Additional safety net providers funded by Gateway were added to the primary care network of the coverage model in 2012. Uninsured encounters at Gateway primary care providers increased (+20%) from 230,455 in 2011 (coverage model baseline) to 276,867 in 2016.

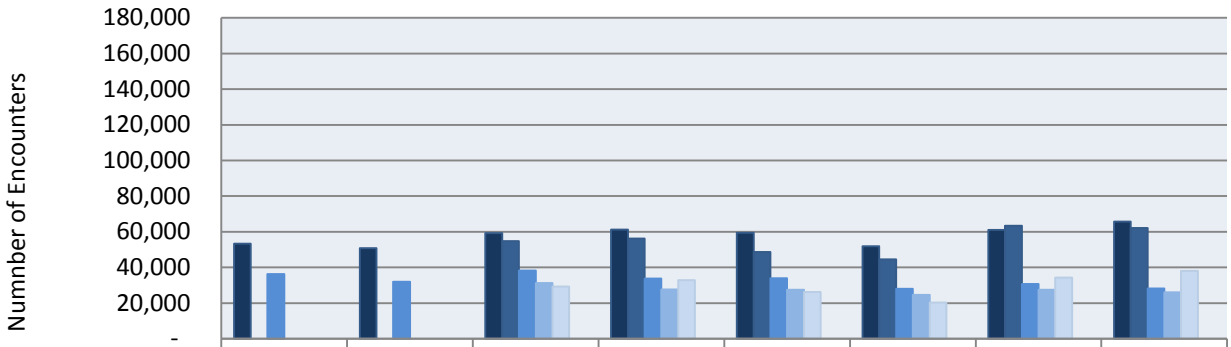
Uninsured Encounters Provided by Gateway Primary Care Providers, 2009-2016



	2009	2010	2011	2012	2013	2014	2015	2016
Affinia	73,939	77,839	79,460	81,808	75,764	84,254	84,739	128,599
BJK People's	-	-	38,763	38,020	40,513	42,704	24,475	18,084
Myrtle Hilliard Davis	44,388	38,309	42,654	42,055	40,406	43,321	49,107	62,315
St. Louis County	-	-	48,052	46,939	47,092	42,263	37,017	38,612
Family Care	-	-	21,526	24,637	35,027	49,274	21,821	29,257
Total	118,327	116,148	230,455	233,459	238,802	261,816	217,159	276,867

Further, Gateway primary care providers enroll patients into MO Healthnet programs, as applicable. Medicaid primary care encounters at primary care affiliation sites increased (+8.8%) from 89,567 in 2009 (baseline) to 97,449 in 2011 (the year before the coverage model was implemented). Additional safety net providers funded by Gateway were added to the primary care network of the coverage model in 2012. Medicaid encounters at Gateway primary care providers increased (+3.4%) from 212,870 in 2011 (coverage model baseline) to 220,009 in 2016.

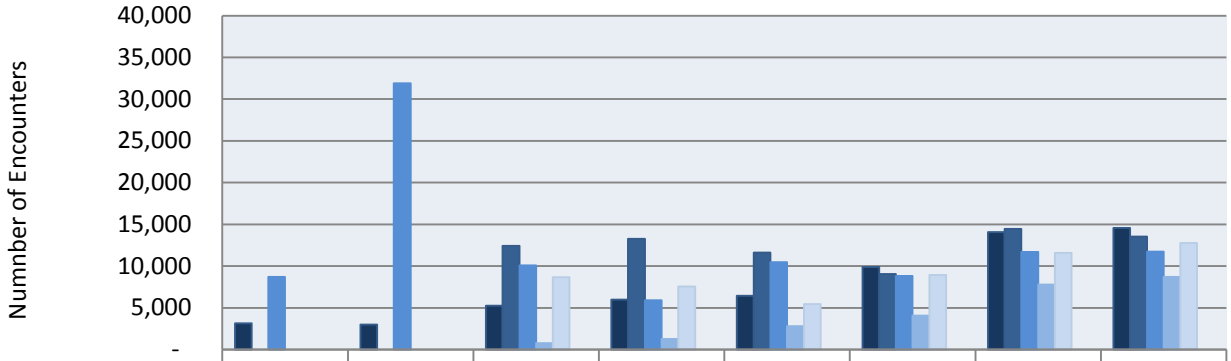
Medicaid Encounters Provided by Gateway Primary Care Providers, 2009-2016



	2009	2010	2011	2012	2013	2014	2015	2016
Affinia	53,302	50,805	59,218	61,177	59,357	51,869	61,037	65,651
BJK People's	-	-	54,740	56,278	48,600	44,468	63,415	62,120
Myrtle Hilliard Davis	36,265	31,885	38,231	33,680	33,921	27,953	30,649	28,164
St. Louis County	-	-	31,337	27,679	27,494	24,651	27,506	25,973
Family Care	-	-	29,344	32,866	26,139	20,249	34,328	38,101
Total	89,567	82,690	212,870	211,680	195,511	169,190	216,935	220,009

Private primary care encounters at primary care affiliation sites increased (+29%) from 11,822 in 2009 (baseline) to 15,303 in 2011 (the year before the coverage model was implemented). Additional safety net providers funded by Gateway were added to the primary care network of the coverage model in 2012. Private encounters at Gateway primary care providers increased (+65%) from 37,154 in 2011 (coverage model baseline) to 61,270 in 2016.

Private Encounters Provided by Gateway Primary Care Providers, 2009-2016



	2009	2010	2011	2012	2013	2014	2015	2016
Affinia	3,135	2,988	5,241	5,991	6,450	9,871	14,056	14,570
BJK People's	-	-	12,409	13,276	11,611	9,027	14,440	13,516
Myrtle Hilliard Davis	8,687	31,885	10,062	5,912	10,458	8,798	11,682	11,726
St. Louis County	-	-	772	1,250	2,801	4,055	7,791	8,684
Family Care	-	-	8,670	7,531	5,424	8,932	11,594	12,774
Total	11,822	34,873	37,154	33,960	36,744	40,683	59,563	61,270

B. Primary care health centers have maintained hours of operation and locations throughout the demonstration.

Primary care providers' locations and hours of operation were maintained in the neighborhoods where they were located in from 2009 through 2016. As of February 2014, Affinia's (formerly known as Grace Hill Health Centers) Soulard-Benton site and Myrtle Hilliard Davis Comprehensive Health Centers' Comp I site have expanded their hours to provide urgent care services seven days a week.

Hours of Operation at Gateway Primary Care Provider Locations

Partner Site	***2016***	***2015***	***2014***	***2013***	***2012***	***2011***	***2010***	***2009***
Affinia Healthcare								
Murphy-O'Fallon	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M,T,TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm
Soulard-Benton	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-9am-1pm Urgent Care: M, T, W, TH, F 8am – 7pm; Sa-9a- 5pm; Su- 9am-1pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-9am-1pm Urgent Care: M, T, W, TH, F 8am – 7pm; Sa-9a-5pm; Su-9am-1pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-9am-1pm Urgent Care: M, T, W, TH, F 9am – 7pm; Sa-9a-5pm; Su-9am-1pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa- 9am-1pm Urgent Care: M, T, W, TH, F 9am – 7pm; Sa-9a-5pm; Su-9am-1pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm; Sa-10am-4pm
Water Tower	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F- 8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	NA
Affinia Healthcare South	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F- 8:30am-5:30pm; W-8:30am-7pm	M, T, TH, F-8:30am-5:30pm; W-8:30am-7pm	NA	NA
BJC Behavioral Health	T-8:30am-4:30pm	T-8:30am-4:30pm	T-8:30am-3pm	M-8:30am-4:30pm	M-F-8:30am-5pm	M-F-8:30am-5pm	NA	NA
Myrtle Hilliard Davis Comprehensive Health Centers								
Homer G. Phillips	M, T, W, F-8am-5pm; TH-7am-5pm	M, T, W, F-8am-5pm; TH-7am-5pm	M, T, W, TH, F-8am-5pm	M, T, W, TH, F-8am-5pm	M, T, W, F-8am-5pm; Th-8am-8pm	M, T, W, F-8am-5pm; Th-8am-8pm	M, T, W, F -8am-5pm; TH- 8am-8pm	M, T, W, F -8:00am-5:00pm; TH-8am-8pm

Florence Hill	T, W, TH, F- 8am-5pm; M- 7am-5pm	T, W, TH, F- 8am-5pm; M-7am-5pm	M, T, W, TH, F-8am-5pm	M, T, W, TH, F-8am-5pm	M-8am-8pm; T, W, Th, F-8am-5pm	M-8am-8pm; T, W, Th, F-8am-5pm	M-8am-8pm; T, W, TH, F-8am-5pm	M-8am-8pm, T, W, TH, F- 8am-5pm
Comp I	M, T, TH, F-8am-5pm; W-8am-6pm Urgent Care: M, T, W, TH, F- 10a-7pm; Sa- 9am- 5pm; Su- 1pm-5pm	M, T, TH, F-8am-5pm; W-7am-5pm Urgent Care: M, T, W, TH, F- 10a-7pm; Sa- 9am-5pm; Su-1pm-5pm	M, T, W, TH, F-8am-5pm Urgent Care: M, T, W, TH, F- 10a-7pm; Sa-9am-5pm; Su-1pm-5pm	M, T, W, TH, F-8am-5pm; Sa 10am-2pm Urgent Care: M, T, W, TH, F- 10a-7pm; Sa- 9am-5pm; Su-1pm-5pm	M, T, Th, F-8am-5pm; W-8am-8pm	M, T, TH, F-8am-5pm; W-8am-8pm	M, T, TH, F-8am-5pm; W-8am-8pm	M, T, TH, F-9:30am-5:30pm; W-9:30am-8:30pm
BJK People's Health Centers								
Central	M, T, W, TH-9am-7pm; F-9am-5pm; Sa-10am- 4pm	M, T, W, TH-9am-7pm; F-9am-5pm; Sa-10am-4pm	M, W, TH, F-8am-5:30pm; T-8am-8:30pm	M, W, TH, F-8am-5:30pm; T-8am-8:30pm	M-F-8:30am-5:30pm; Sa (When Scheduled)	M-F-8:30am-5:30pm; Sa (When Scheduled)	NA	NA
North	M, T, TH, F-8am-5:30pm; W-8am-8:30pm	M, T, TH, F-8am-5:30pm; W-8am-8:30pm	M, T, TH, F-8am-5:30pm; W-9am-8:30pm	M, T, TH, F-8am-5:30pm; W-9am-8:30pm	M, T, Th, F-8:30am-5:30pm; W-11:30am-	M, T, Th, F-8:30am-5:30pm; W-11:30am-8:30pm; Sa	NA	NA
West	M, T, W, F-8am-5:00pm; TH-11:30am-7:30pm	M, T, W, F-8am-5:30pm; TH-11:30am-7:30pm	M, T, W, F-8am-5:30pm; TH-11am-8pm	M, T, W, F-8am-5:30pm; TH-11am-8pm	M, T, W, F-8:30am-5:30pm; Th-11:30am-	M, T, W, F-8:30am-5:30pm; Th-11:30am-8:30pm; Sa	NA	NA
Family Care Health Centers								
Carondelet	M, W, F-8am-5pm; T, TH- 8am-8pm; Sa- 8am-1pm	M, W, F-8am-5pm; T, TH- 8am-8pm; Sa- 8am-1pm	M, W, F-8am-5pm; T, TH- 8am-8pm; Sa-8am-1pm	M, W, F- 8am-5pm; T, TH- 8am-8pm; Sa- 8am-1pm	M, W, F-8am-4:30pm; T, Th-8am-8pm;	M, W, F-8am-4:30pm; T, Th-8am-8pm; Sa-8am-1pm	NA	NA
Forest Park	M, W, TH, F-8:30am-5pm; T-8:30am-7pm; Sa- 9am-	M, W, TH, F-8:30am-5pm; T-8:30am-7pm; Sa- 9am-	M, W, TH, F- 8:30am-5pm; T-8:30am-7pm; Sa-	M, W, TH, F-8:30am-5pm; T- 8:30am-7pm; Sa- 9am-1pm	M, W, Th, F-8am-4:30pm; T-8am-7pm;	M, W, Th, F-8am-4:30pm; T-8am-7pm; Sa-9am-2pm	NA	NA
St. Louis County Department of Public Health Centers								
North Central	M, T, W, TH, F- 8am – 5pm	M, T, W, TH, F- 8am – 5pm	M, T, Th, F-8am-5pm; W-8am-6pm	-	M, T, F-8am-5pm; W, Th-8am-9pm	M, T, F-8am-5pm; W, Th-8am-9pm	NA	NA
South County	M, T, W, TH, F- 8am – 5pm	M, T, W, TH, F- 8am – 5pm	M, W, Th, F-8am-5pm; T-8am-6pm	-	M, T-8am-9pm; W, Th, F-8am- 5pm	M, T-8am-9pm; W, Th, F-8am-5pm	NA	NA
John C. Murphy	M, T, W, TH, F- 8am – 5pm	M, T, W, TH, F- 8am – 5pm	M, T, W, F-8am-5pm; Th-8am-6pm	NA	NA	NA	NA	NA

C. Primary care services levels at St. Louis area safety net organizations were maintained through 2016.

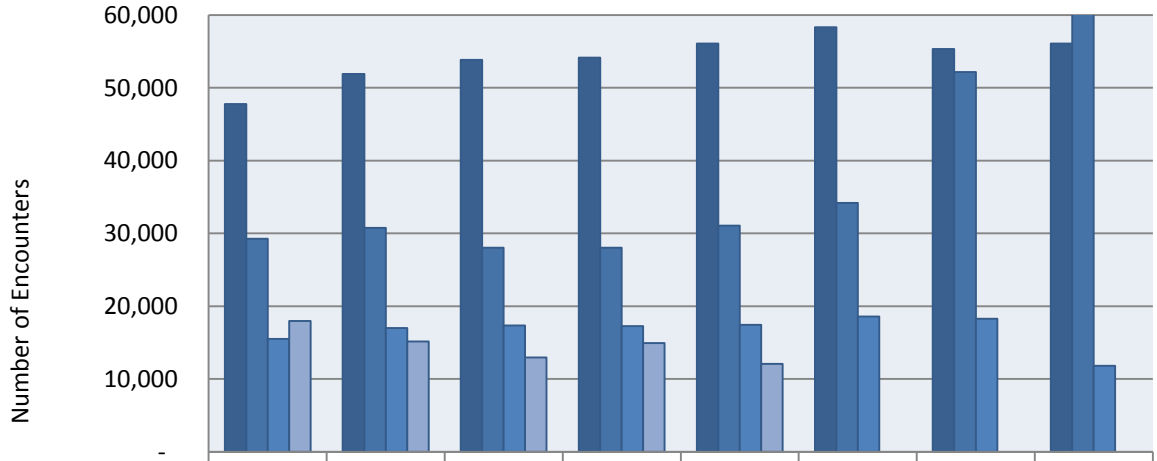
Primary care services at the Gateway primary care sites have been maintained or expanded from 2009 to 2016, ensuring patients in areas of highest need maintain access to the breadth of services available from community health centers.

Primary Care	***2016***	***2015***	***2014***	***2013***	***2012***	***2011***	***2010***	***2009***
Affinia Healthcare	No change	No change	Added: Urgent Care services	No change	No change	No change	No change	Primary medical care, dental care, mental health services, substance abuse services, podiatry, optometry, nutrition, and enabling services (case management of pregnant women and patient education), children's behavioral Health services, pharmacy, nutrition, Women Infants and Children (WIC), community health homeless services, prenatal classes/centering pregnancy, chronic disease
Myrtle Hilliard Davis Comprehensive Health Centers	Removed Urgent Care services	No change	Added: Urgent Care services	Added: health insurance coverage enrollment assistance.	No change	No change	No change	Primary medical care, podiatry, ophthalmology, dental care, nutrition and enabling services (Community outreach services, community and patient health education (diabetes, cardiovascular, asthma and cancer), case management (for pregnant women), social services, referral for specialty services, eligibility assistance services and HIV counseling. Ancillary services include radiology, pharmacy and CLIA certified clinical laboratory services.
Family Care Health Centers	No change	No change	No change	No change	No change	Primary medical care, podiatry, ophthalmology, dental care, behavioral health, nutrition, pharmacy, laboratory services, and enabling services (Community outreach services, community and patient health education), case management (for pregnant women), social services, assistance,	N/A	N/A

Betty Jean Kerr Peoples Health Centers	No change	No change	No change	No change	No change	Primary medical care, podiatry, ophthalmology, dental care, behavioral health, nutrition, pharmacy, laboratory services, and enabling services (Community outreach services, community and patient health education, WIC services (lactation and nutrition), and HIV/AIDS counseling and testing.)	N/A	N/A
St. Louis County Department of Public Health	No change	No change	No change	No change	No change	Urgent care, specialty care (cardiology, dermatology, endocrinology, general surgery, gastroenterology, urology, nephrology, neurology, gynecology (surgical), orthopedics, otolaryngology, pulmonary, rheumatology), diagnostic services (endoscopy and radiology), and STD clinic services.	N/A	N/A

D. **Access to specialty care has been maintained throughout the Demonstration.**

Uninsured and Medicaid Encounters by Gateway Specialty Care Providers, 2009-2016



	2009	2010	2011	2012	2013	2014	2015	2016
Washington University - Adult	47,791	51,904	53,864	54,162	56,083	58,322	55,327	56,069
SLUCare	29,290	30,778	28,035	28,035	31,084	34,172	52,185	156,634
Barnes-Jewish	15,495	16,989	17,349	17,250	17,434	18,598	18,266	11,807
St. Louis ConnectCare	17,964	15,170	12,970	14,947	12,084	-	-	-
Total	110,540	114,841	112,218	114,394	116,685	112,870	127,947	224,510

The St. Louis safety net providers funded by Gateway were able to increase specialty care encounters for all uninsured and Medicaid patients at their locations by 103% during the Demonstration from 2009-2016. Gateway specialty care providers provided 224,510 specialty care encounters to uninsured and Medicaid patients in 2016, compared to 110,540 in 2009, an increase of 113,970 encounters. Gateway to Better Health's specialty care provider network, including medical schools, hospitals, and some community specialist providers, has been successful at absorbing ConnectCare's volume and thus, maintaining access to specialty care for the safety net population in the St. Louis region.

E. Urgent care continues to be accessible for Gateway to Better Health patients.

After the closure of St. Louis ConnectCare (including its urgent care facility) in late 2013, it was decided that primary care providers should provide urgent care services for their Gateway patients to ensure the coordination of care with the primary care provider. As a result, Myrtle Hilliard Davis and Affinia Healthcare (formerly known as Grace Hill Health Centers) started offering urgent care services in 2014, and the other Gateway primary care providers contracted with SSM Urgent Care for their Gateway patients. In 2016, Affinia Healthcare and Myrtle Hilliard Davis provided 2,520 urgent care visits to Gateway patients. An additional 858 urgent care visits were provided to Gateway patients by SSM Urgent Care in 2016.

Since the conclusion of the reporting period covered by this annual report, Myrtle Hilliard Davis notified the SLRHC that they would no longer provide urgent care services. Affinia Healthcare will provide urgent care services for Myrtle's patients.

F. Gateway to Better Health continues to be a major source of funding for safety net providers in the region.

The funding provided by the Gateway to Better Health Demonstration Project is critical to maintaining access to primary and specialty care services for the uninsured in the St. Louis region, particularly for those who live in the urban core where few options exist for health care services. Below details payments made by the Gateway to Better Health program to provide medical services to uninsured safety net patients.

*Summary of Medical Payments through the Demonstration (July 2012 - September 2017)**

Payment Type	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017
Primary Care	$2,272,668	$ 12,242,683	$ 14,429,758	$13,688,264	$12,468,637	$12,000,198
Specialty Care	$2,373,710	$ 11,125,966	$ 8,042,357	$8,347,671	$8,334,370	$6,691,575
Transportation	-	-	$ 333,550	$326,415	$296,716	$260,395
Total	$4,646,378	$ 23,368,649	$22,805,666	$22,362,350	$21,099,723	$18,952,168

*The data above is as of 12/1/17 and is subject to change as additional claims are submitted and recoupments occur.

Objective II: Connect the uninsured to a primary care home which will enhance coordination, quality, and efficiency of health care through patient and provider involvement.

Key questions for this objective include:

- How many uninsured patients had a medical home at Gateway primary care organizations each year of the Demonstration project?
- How did Gateway patients and providers rate overall coordination, quality, and delivery of healthcare services?

Findings to Date:

The Demonstration has met Objective II, evidenced by:

A. Primary care providers funded by the Gateway Demonstration served as medical homes for more than 64,000 uninsured patients.

B. Quality of care is improving as measured by the program's pay-for-performance measures.

C. The population of patients covered by Gateway to Better Health expands across the geographic area of St. Louis City and County and is diverse, consisting of all genders, eligible age groups and race/ethnicity groups.

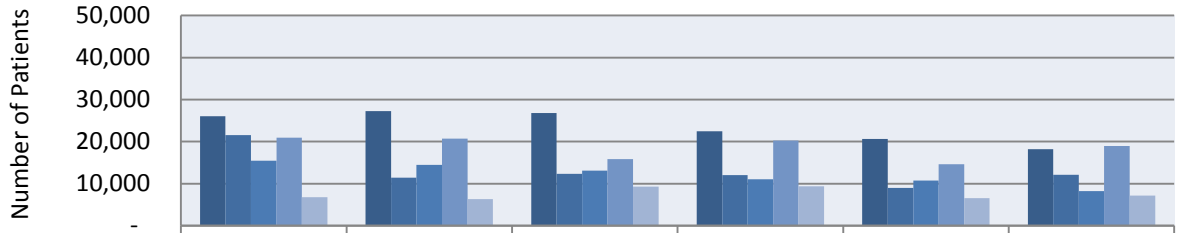
D. In addition to showing positive health outcomes, Gateway patients report high satisfaction with the program.

Each of these findings is reviewed in detail below:

A. *Primary care providers funded by the Gateway Demonstration served as medical homes for more than 64,000 uninsured patients.*

Through the ongoing efforts of the Gateway providers, participating organizations have reached the uninsured population to enroll them in a primary care home. Gateway primary care providers served as a medical home to 64,709 uninsured patients in 2016, as follows:

Uninsured Patients Served by Gateway Primary Care Providers, 2011-2016



	2011	2012	2013	2014	2015	2016
Affinia	26,088	27,262	26,838	22,473	20,615	18,244
Myrtle Hilliard	21,549	11,425	12,361	12,005	9,004	12,101
BJK People's	15,493	14,456	13,106	11,073	10,779	8,214
St. Louis County	20,969	20,704	15,883	20,278	14,651	18,987
Family Care	6,825	6,346	9,333	9,387	6,569	7,163
Total	90,924	80,193	77,521	75,216	61,618	64,709

In addition, nearly 55,400 unique individuals have been enrolled into Gateway since the implementation of the pilot program in July 2012. The Gateway primary care sites have also successfully enrolled more than 33,700 individuals in MO HealthNet programs, including but not limited to:

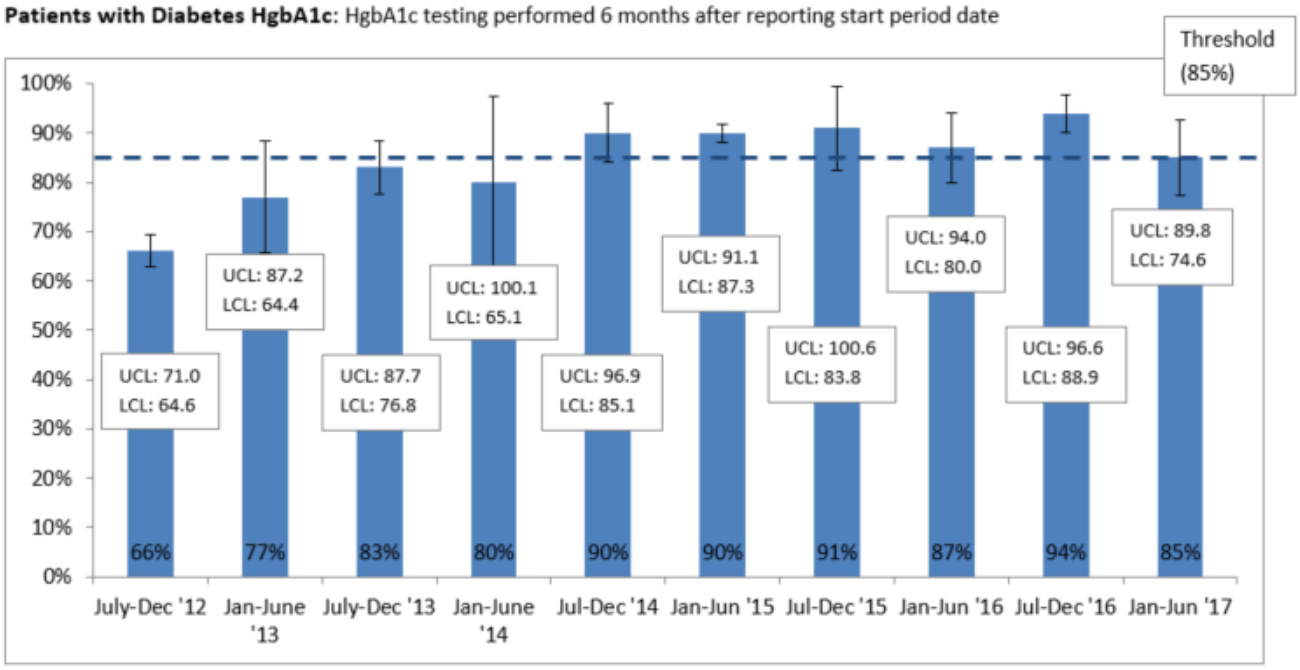
- 3,976 adults approved for MO HealthNet for the Aged, Blind, or Disabled
- 4,231 adults approved for MO HealthNet for Families

B. Increasing quality of care as measured by the program's pay-for-performance measures.

Quality of care as measured by the program's pay-for-performance measures continues to improve. Providers are consistently earning their incentive payments by meeting quality metrics, including ensuring access to those with chronic conditions have access to healthcare services and helping them to manage their disease better.

Patients with Diabetes HgbA1c: HgbA1c testing performed within the first 6 months following the latter of either: a) initial enrollment, or b) initial diagnosis

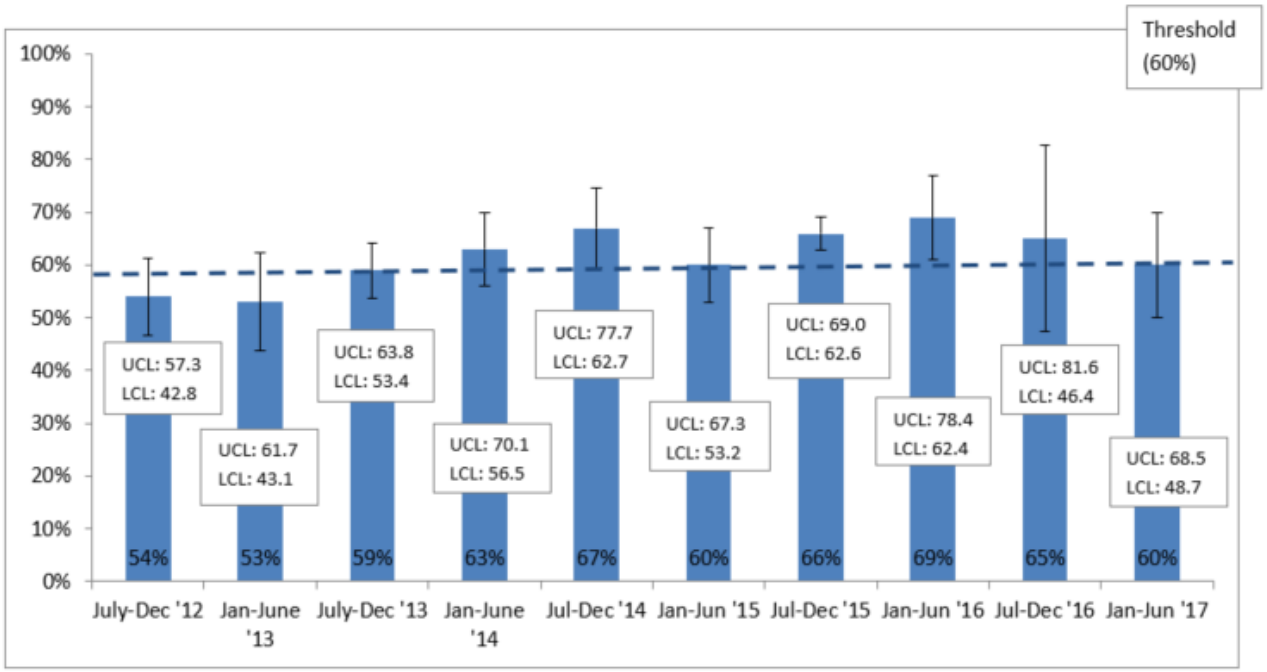
Eighty-five percent of newly enrolled or newly diagnosed diabetic patients had their HgbA1c tested within six months during the most recent incentive period, compared to 66% at the beginning of the Demonstration.



Patients with Diabetes HgbA1c <9%: percentage of diabetics who have a HgbA1c <9% within six months following the latter of either: a) initial enrollment, or b) initial diagnosis

Sixty percent of patients with diabetes had an HgbA1c of less than 9% within six months of diagnosis or enrollment during the most recent incentive period, compared to 54% at the beginning of the program.

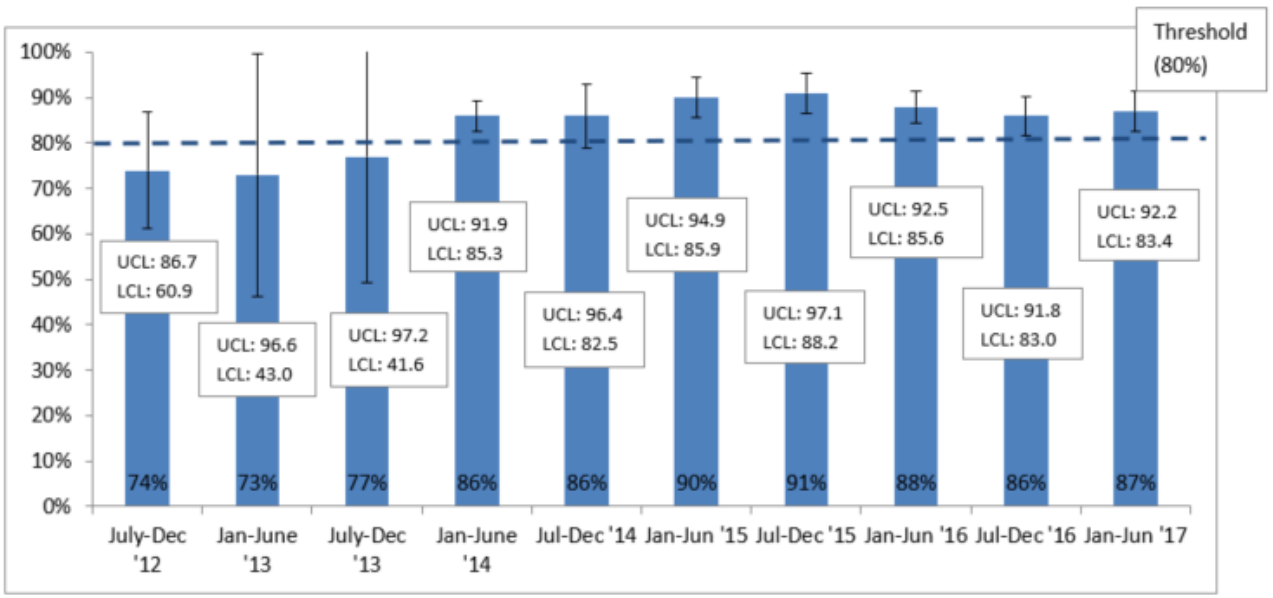
Patients with Diabetes HgbA1c <9%: percentage of diabetics who have a HgbA1c <9% on most recent test within the reporting period



Patients with Chronic Disease (2 visit): 2 office visits within the first 6 months following the latter of either: a) initial enrollment, or b) initial diagnosis

Eighty-seven percent of newly enrolled individuals with chronic diseases or newly diagnosed patients received two office visits within six months, compared to 74% at the beginning of the Demonstration.

Patients with Chronic Disease (2 visit): 2 office visits within 1 year (6 months before/after reporting period start date)



C. The population of patients covered by Gateway to Better Health expands across the geographic area of St. Louis City and County and is diverse, consisting of all genders, eligible age groups and race/ethnicity groups.

The charts below represent the demographics of those covered by the Gateway to Better Health program, as of September 30, 2017.

Gateway to Better Health "Blue Plan" Enrollment by Health Center, as of September 30, 2017

Health Center	Unique Individuals Enrolled as of September 30, 2017	Member Months October 2016 - September 2017
BJK People's Health Centers	2,635	34,423
Family Care Health Centers	1,235	15,795
Affinia Healthcare	6,263	84,062
Myrtle Hilliard Davis Comp. Health Centers	2,897	38,405
St. Louis County Dept. of Health	1,945	26,922
Total	14,975	199,607

**Enrollment numbers are based on MO HealthNet enrollment data as of September 30, 2017.*

Gateway to Better Health Enrollment by Gender, as of September 30, 2017

Gender	Count	Percentage
Female	7,298	48.7%
Male	7,677	51.3%
Total	***14,975***	***100.0%***

*Top 15 Zip Codes by Member Count as of September 30, 2017**

ZIP	Member Count	City or County
63136	1,056	St. Louis County (Jennings, MO)
63115	950	St. Louis City
63116	829	St. Louis City
63118	808	St. Louis City
63113	755	St. Louis City
63106	568	St. Louis City
63111	559	St. Louis City
63107	547	St. Louis City
63112	540	St. Louis City
63121	531	St. Louis City
63033	435	St. Louis City
63104	424	St. Louis City
63137	410	St. Louis County (Bellefontaine Neighbors, MO)
63120	401	St. Louis City
63114	391	St. Louis City
All	5,771	St. Louis City and St. Louis County

Total	***14,975***	-

**These 15 zip codes account for 61.5% of the total Gateway population*

Members by Age Group as of September 30, 2017

Age Groups	Members	% of Total
19-29	2,830	18.9%
30-39	3,141	21.0%
40-49	3,490	23.3%
50-59	4,236	28.3%
60-64	1,274	8.5%
Total	***14,971***	***100.0%***

Members by Race as of September 30, 2017

Race	Members	% of Total
African American	10,729	71.6%
Caucasian	2,943	19.7%
Other	19	<1%
Unknown	1,284	8.6%
Total	14,975	100.0%

D. In addition to showing positive health outcomes, Gateway patients report high satisfaction with the program.

An assessment of patient satisfaction was conducted between May and August 2017, where a total of 607 patients participated. Results from this most recent evaluation found that Gateway patients are highly satisfied with their providers and the quality of the primary care services they received. Ninety-six percent of respondents indicated that they would recommend their health center to others. When asked how the program can be improved, the majority of Gateway patients had positive feedback for the health centers and expressed gratitude for the program.

Objective III: Maintain and enhance quality service delivery strategies to reduce health disparities.

Key questions for this objective include:

- By race and ethnicity, what percentage of patients met health disparities metrics (tobacco use and cessation, cervical cancer screening, breast cancer screening, adult weight screening and follow up, blood pressure and diabetes control)?
- Did providers implement new programs with the aim to maintain and enhance quality as well as reduce health disparities?

Findings to date:

The demonstration has met objective III, as evidenced by:

A. When evaluating quality outcomes among Gateway patients, in most cases, health outcomes among African Americans are comparable to health outcomes among Whites.

B. Providers within Gateway's primary care network are learning about trauma informed practices and actively incorporating them into their patient care.

C. Gateway to Better Health patients are able to access primary care services on average within four weeks and specialty care services, across all specialty areas, within five weeks.

Each of these findings is reviewed in detail below:

A. When evaluating quality outcomes among Gateway patients, in most cases, health outcomes among African Americans are comparable to health outcomes among Whites.

The Demonstration helps to ensure access to health care for those who are typically underrepresented or living in traditionally underserved communities. The chart below identifies a number of preventative and chronic disease metrics for Gateway patients, including data for demonstration year 8 by race.

Quality Measure	Non-Hispanic/Latino		Hispanic/Latino
	African Americans	Whites	
Tobacco Use Assessment & Cessation Intervention Percentage of patients age 18 and older assessed for tobacco use and, if identified as a tobacco user, received cessation counseling and/or pharmacotherapy	91%	89%	88%
Hypertension: Controlling High Blood Pressure Proportion of patients aged 18 to 85 years of age with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 (adequate control) at the time of the last reading	52%	62%	48%
Cervical Cancer Screening Percentage of women 24-64 years of age who received one or more Pap tests to screen for cervical cancer	48%	41%	48%
Breast Cancer Screening Percentage of female patients 42 to 69 years of age that received a mammogram to screen for breast cancer	53%	44%	52%
Diabetes: HbA1c Control Proportion of adult patients 18 to 75 years of age with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was less than 9% at the time of the last reading in the measurement year. Results are reported in four categories: less than 7%; greater than or equal to 7% and less than 8%; greater than or equal to 8% and less than or equal to 9%; and greater than 9%	65%	72%	60%
Adult Weight Screening and Follow-Up Percentage of patients aged 18 and over who had documentation of a calculated BMI during the most recent visit or within the 6 months prior to that visit	54%	54%	37%

Data included in this chart is sourced from Missouri Primary Care Association, as of June 30, 2017.

B. Providers within Gateway's primary care network are learning about trauma informed practices and actively incorporating them into their patient care.

The St. Louis Regional Health Commission also leads the Alive and Well STL initiative, which focuses on the impact of trauma and toxic stress on physical and emotional health. In June 2016, Gateway to Better Health partnered with Alive and Well STL to launch a trauma-informed learning collaborative for healthcare providers. The collaborative began with three intensive days of training for a core trauma team from each organization. Upon completing the training, each organization left with a 30-day action plan to begin immediately affecting change within their organizations.

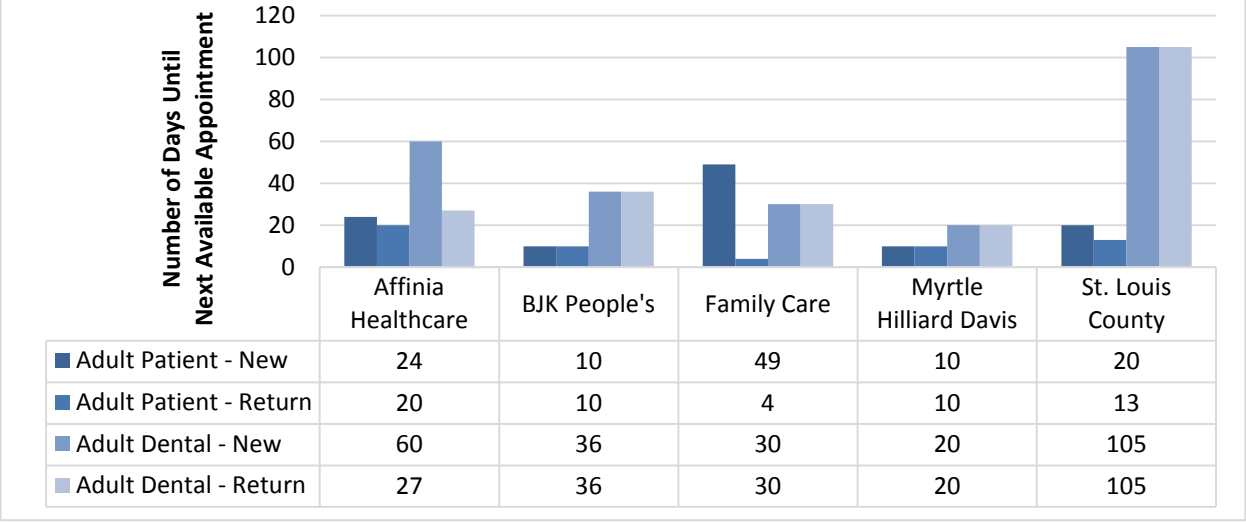
To date, four of the five community health centers within the collaborative have completed introductory training on the impact of trauma on long-term health outcomes for all staff members. In addition, health learning collaborative members participate in monthly webinars and quarterly meetings. To date, these webinars and quarterly events have been focused on developing outcome measures for the implementation of trauma-informed practices and developing trauma-informed "no-show" policies and procedures. After training and discussions, health centers have noticed that their "no-show" polices are punitive for patients and do not fully recognize the stress and trauma individuals may be encountering. Using the six principles of trauma-informed care, from the Substance Abuse and Mental Health Service Administration, participants are learning how to revise "no-show" policies with a trauma-informed view. Other accomplishments of note include:

- Imbedding trauma-informed care training into new staff orientations and all job descriptions
- Assessing physical plants and making improvements to ensure the physical environment of the health centers are not traumatizing patients
- Assessing Adverse Childhood Experiences among staff and changing staff policies and procedures to make them more trauma informed
- Developing capacity within health centers to provide ongoing training to staff
- Four of the five community health centers Implemented a trauma-informed intervention, Seeking Safety, for Gateway to Better Health patients in 2017 (funded by the Missouri Foundation for Health).

Additional details about the impact of this work will be provided in future reports. The Missouri Institute of Mental Health has been contracted to conduct an evaluation of the work.

C. **Gateway to Better Health patients are able to access primary care services on average within four weeks and specialty care services, across most specialty areas, within eight weeks.**

Primary Care Wait Times (Non-Urgent Appointments in Days), as of September 30, 2017*



	Affinia Healthcare	BJK People's	Family Care	Myrtle Hilliard Davis	St. Louis County
Adult Patient - New	24	10	49	10	20
Adult Patient - Return	20	10	4	10	13
Adult Dental - New	60	36	30	20	105
Adult Dental - Return	27	36	30	20	105

**Wait times self-reported by individual health center as of September 30, 2017, and are calculated for Gateway patients only.*

*Adult Wait Times by Specialty as of July 1, 2017**

	# of Days Until the Next Available Appointment	
Appointment Type	**New Patient**	**Return Patient**
Cardiology	12	12
Dermatology	46	24
Endocrinology	107	98
ENT/Otolaryngology	31	28
Gastroenterology (GI)	30	34
Gynecology	7	5
Hematology	14	10
Hepatology	-	-
Infectious Disease	57	59
Mental/Behavioral Health	18	18
Nephrology	41	50
Neurology	41	38
Neurosurgery	39	23
Obstetrics/Prenatal Care	19	9
Oncology	26	24
Ophthalmology/Eye Care	38	39
Orthopedics	28	24
Pain Management	22	23
Physical Therapy	5	5
Podiatry	31	24
Pulmonology	84	80
Rheumatology	67	59
Surgery -- General	26	12

*Wait times listed are the averages for self-reporting organizations (Barnes-Jewish Hospital, SLUCare, Mercy JFK Clinic, and Washington University in St. Louis School of Medicine – Adult).

Additional Demonstration Evaluation Questions and Topics

In addition to the stated objectives of the Demonstration project, CMS' special terms and conditions specify that the evaluation shall address the evaluation questions and topics as listed below. Interim evaluation findings for these topics are provided.

I. How has access to care improved for low-income individuals?

The Gateway to Better Health Demonstration has improved access to care for low-income

individuals. In addition to the findings for Objective I, other key findings to date include the following:

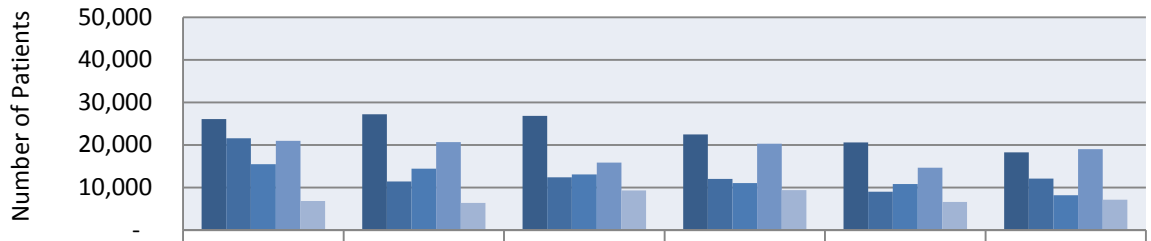
- Approximately 14,975 individuals are enrolled in Gateway to Better Health, which is approximately 40 percent of those uninsured and living below 100% of the federal poverty level in St. Louis City and County. Over the life of the program, approximately 55,400 unique individuals have received services from the program.
- More than 64,000 medical visits (primary care, urgent care, dental, specialty care, diagnostic services and outpatient hospital services) and more than 191,600 prescriptions were funded in Demonstration Year 8 through Gateway to Better Health. Previous studies have indicated that the care provided through this Demonstration prevents more than 50,000 emergency department visits per year.
- Safety net primary care homes funded by Gateway provided more than 276,867 primary care encounters to uninsured patients in 2016.

II. How successful is the Demonstration in expanding coverage to the region's uninsured by 2 percent each year?

In addition to the findings for Objective II, other key findings to date include the following:

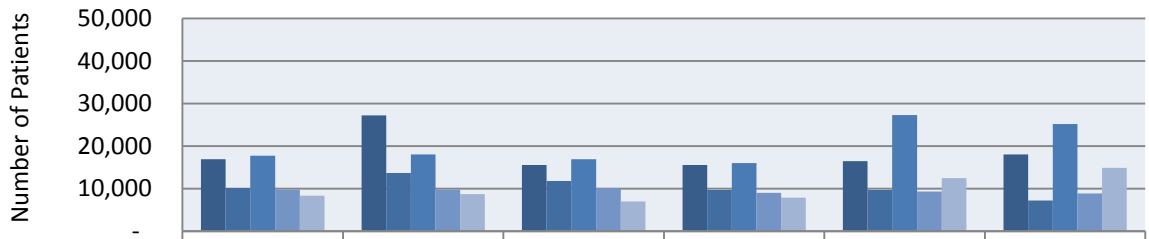
The Gateway to Better Health Demonstration has expanded coverage for the safety net population. Overall, the uninsured rate in the St. Louis region declined by 41% from 2011-2016. Since 2011, the number of uninsured patients served by Gateway providers has declined by 29%, while the number of Medicaid and private patients served by these providers has increased by 18% and 99%, respectively. Health care reform has likely impacted the decline in uninsured patients as well as the increase in Medicaid and private patients served by Gateway primary care providers.

Uninsured Patients Served by Gateway Primary Care Providers, 2011-2016



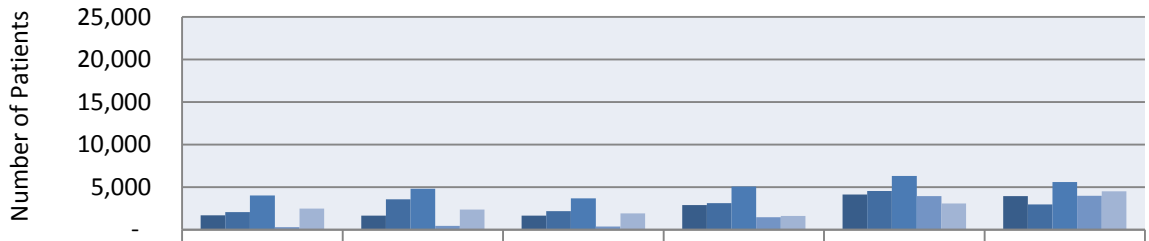
	2011	2012	2013	2014	2015	2016
Affinia	26,088	27,262	26,838	22,473	20,615	18,244
Myrtle Hilliard	21,549	11,425	12,361	12,005	9,004	12,101
BJK People's	15,493	14,456	13,106	11,073	10,779	8,214
St. Louis County	20,969	20,704	15,883	20,278	14,651	18,987
Family Care	6,825	6,346	9,333	9,387	6,569	7,163
Total	90,924	80,193	77,521	75,216	61,618	64,709

Medicaid Patients Served by Gateway Primary Care Providers, 2011-2016



	2011	2012	2013	2014	2015	2016
Affinia	16,885	27,262	15,591	15,524	16,471	18,050
Myrtle Hilliard	10,109	13,669	11,772	9,679	9,713	7,198
BJK People's	17,765	18,036	16,907	15,992	27,308	25,177
St. Louis County	9,732	9,782	10,096	8,995	9,286	8,822
Family Care	8,342	8,732	6,971	7,901	12,474	14,881
Total	62,833	77,481	61,337	58,091	75,252	74,128

Private Patients Served by Gateway Primary Care Providers, 2011-2016



	2011	2012	2013	2014	2015	2016
Affinia	1,689	1,640	1,660	2,871	4,143	3,945
Myrtle Hilliard	2,058	3,574	2,161	3,104	4,526	2,958
BJK People's	4,027	4,823	3,668	5,057	6,323	5,595
St. Louis County	271	432	346	1,461	3,945	3,965
Family Care	2,480	2,357	1,909	1,622	3,064	4,519
Total	10,525	12,826	9,744	14,115	22,001	20,982

From 2011-2016, the number of uninsured individuals in St. Louis City and Count declined by 41%, according to recently available data as sourced from the census.

*Uninsured Individuals in the St. Louis Region, 2011-2016, Census**

2011	2012	2013	2014	2015	2016
168,500	154,000	151,000	131,700	100,000	99,000

*Counts provided are rounded to the nearest 100th.

III. To what extent has the Demonstration improved the health status of the population served in the Demonstration?

Quality of care as measured by the program's pay-for-performance measures, continues to improve. As discussed in the findings for Objectives II and III, providers are consistently earning their incentive payments by meeting quality metrics, including ensuring access to those with chronic conditions and helping them to manage their disease better.

- Eight-five percent of newly enrolled or newly diagnosed diabetic patients had their HgbA1c tested within six months during the most recent incentive period, compared to 66% at the beginning of the Demonstration.

- Sixty percent of patients with diabetes had an HgbA1c of less than 9% within six months of diagnosis or enrollment during the most recent incentive period, compared to 54% at the beginning of the program.

- Eighty-seven percent of newly enrolled individuals with chronic diseases or newly diagnosed patients received two office visits within six months, compared to 74% at the beginning of the Demonstration.

Progress has been seen in key health indicators since the start of the Pilot Program, as measured using data sourced from the Missouri Primary Care Association and Gateway safety net provider electronic health records.

- Preventative health and screening services (such as cervical cancer screening, breast cancer screening, adult weight following up, and tobacco use screening and cessation intervention) improved on average by 7% from year one (7/1/12-6/30/13) to year five (7/1/16-6/30/17), with more patients utilizing these services.

- Management of hypertension and diabetes remained relatively stable from year one (7/1/12-6/30/13) as compared to year five (7/1/16-6/30/17).

IV. Describe provider incentives and activities.

The primary care organizations are working to achieve quality metrics developed by the SLRHC's community planning committee for the Demonstration – the Pilot Program Planning Team. Seven percent of provider payments are withheld and are paid out semi-annually based on the attainment of six performance metrics.

The tenth pay-for-performance reporting period ended on June 30, 2017. The complete results are provided in Appendix IV. In general, the providers continued to build off gains from the first reporting period and have made great strides in attaining the clinical quality measures. It is expected that the participating providers will continue to improve results as the program continues.

In the tenth reporting period, individually, all primary care providers achieved at least four of the six clinical quality measures. Family Care Health Centers achieved all quality metrics. Across all

primary care providers, 75% of patients enrolled for six months had a primary care visit during that time, with a threshold of 80%. Eighty-seven percent of patients with chronic conditions enrolled six months had two primary care visits during that time, with a threshold of 80%. In addition, 60% of the patients with diabetes had HgbA1c measures <9%, with a threshold of 60%. Of all diabetic patients, 85% had their HgbA1c drawn within six months. Also, 71% of hospitalized patients received follow-up within 7 days of discharge, with a threshold of 50%.

In the tenth pay-for-performance period, all primary care providers successfully attained the measure related to rate of referrals to specialists (threshold of 680/1000). Tracking these measures has enabled the providers to address operational and clinical improvements to help them achieve better outcomes over the life of the program.

V. Include comparable FQHC population/providers to compare effectiveness of provider payment incentives.

As discussed in Objective II and in item IV above, the Pilot Program evaluates the impact of performance incentives on population metrics. In addition to pay for performance measures, outcomes isolated to the Gateway population, using data sourced from HRSA, are provided below:

- **Tobacco Use Assessment & Cessation Intervention**: the percentage of patients aged 18 and over who were queried about tobacco use and, if identified as a tobacco user, received cessation counseling and/or pharmacotherapy improved at health centers participating in the Gateway Pilot Program from 78% in 2015 to 80% in 2016. This measure improved across the state from 81% in 2015 to 85% in 2016.
- **Controlling High Blood Pressure**: the proportion of hypertension patients whose blood pressure (BP) was less than 140/90 (adequate control) at the time of the last reading remained relatively stable at health centers participating in the Gateway Pilot Program (53% in 2015 vs. 54% in 2016). This measure remained relatively stable across the state (60% in 2015 vs. 58% in 2016).
- **Cervical Cancer Screening**: the proportion of women 24 to 64 years of age who received one or more Pap tests to screen for cervical cancer during the measurement year or during the 2 calendar years prior to the measurement year or for women who were 30 years of age or older at the time of the test who choose to also have an HPV test performed simultaneously, during the measurement year or during the 4 calendar years prior to the measurement year declined at health centers participating in the Gateway Pilot Program from 59% in 2015 vs. 56% in 2016). This measure improved across the state from 53% in 2015 to 52% in 2016.
- **Diabetes HbA1c Control (<9%)**: the proportion of adult patients with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was less than 9% at the time of the last reading in the measurement year declined at health centers participating in the Gateway Pilot Program from 69% in 2015 to 63% in 2016. This measure improved across the state from 72% in 2015 to 68% in 2016.
- **Adult Weight Screening and Follow-Up**: the proportion of patients aged 18 and over who had documentation of a calculated BMI during the most recent visit or within the 6 months prior to that visit and if the most recent BMI is outside parameters, a follow-up plan is documented improved at health centers participating in the Gateway Pilot Program from 58% in 2015 to

64% in 2016. This measure improved across the state from 61% in 2015 to 66% in 2016.

VI. What effect does providing brand name insulin and inhalers when there is no generic alternative have on beneficiaries?

Effective January 1, 2016, Gateway began providing coverage for brand name insulin and inhalers, as there are no generic alternatives to these medications at this time. To measure the success of this new benefit on beneficiaries, the STLRHC tracks the number of these prescriptions provided to patients. Data from Demonstration Year 8 is provided below:

Table 5. Number of Insulin and Inhalers Prescriptions Filled by Health Center, October 2016 – September 2017*

Providers	Brand Name Insulin Filled	Brand Name Inhalers Filled	Total Brand Name Drugs Filled
BJK People's Health Centers	1,335	1,230	2,565
Family Care Health Centers	453	713	1,166
Affinia Healthcare (formerly known as Grace Hill)	3,356	3,791	18,255
Myrtle Hilliard Davis Comprehensive Health Centers	1,520	1,219	7,855
St. Louis County Department of Public Health	99	420	9,461
Total for All Providers	1,349	1,752	45,464

**Data provided represents information sources as of October 17, 2017.*

The pilot program also tracks a number of quality indicators relevant to patients utilizing this new benefit to measure its effect on their health outcomes. The measures below are collected in six-month reporting periods through the Incentive Payment Protocol:

- Number of patients with chronic diseases with at least two office visits within one year;
- Number of patients with diabetes with one HgbA1c test within six months; and
- Number of patients with diabetes with an HgbA1c less than or equal to 9%.

Below is baseline data for the reporting period prior to the addition of brand name insulin and inhaler coverage to the benefits package (July – December 2015), as well as data for the reporting periods following this addition.

Table 6. Percentage of Patients who met Insulin and Inhalers Metrics*

Providers	July – December 2015	January – June 2016	July – December 2016	January – June 2017
Patients with Chronic Disease with 2 Office Visits within 1	91%	88%	86%	87%
Diabetics with HgbA1c test within 6 months	91%	87%	94%	85%
Diabetics with HgbA1c less than or equal to 9%	66%	69%	65%	60%

**Based on Pay-for-Performance data as of June 31, 2017. All percentages are within Gateway to Better Health thresholds for each metric.*

Appendix V: Incentive Payment Protocol

Incentive Payments

The state will withhold 7% from payments made to the primary care health centers (PCHC), and the amount withheld will be tracked on a monthly basis. The St. Louis Regional Health Commission (SLRHC) will be responsible for monitoring the PCHC performance against the pay-for-performance metrics outlined below.

Pay-for-performance incentive payments will be paid out at six-month intervals (January – June and July – December) of the Pilot Program based on performance during the reporting period.

SLRHC will calculate the funds due to the providers based on the criteria and methodologies described below and report the results to the state. The state will disburse funds within the first quarter following the end of the reporting period. The PCHC are required to provide self-reported data within 30 days of the end of the reporting period.

Primary Care Health Center Pay-for-Performance Incentive Eligibility
Below are the criteria for the PCHC incentive payments to be paid within the first quarter following the end of the reporting period:

TABLE 1

Pay-for-Performance Incentive Criteria	**Threshold**	**Weighting**	**Source**
All Newly Enrolled Patients- Minimum of at least 1 office visit within 1 year (6 months before/after enrollment date)	80%	20%	EHR Data
Patients with Diabetes, Hypertension, CHF or COPD – Minimum of at least 2 office visits within 1 year (6 months before/after reporting period start date)	80%	20%	EHR Data
Patients with Diabetes - Have one HgbA1c test within 6 months of reporting period start date	85%	20%	EHR Data
Patients with Diabetes – Have a HgbA1c less than or equal to 9% on most recent HgbA1c test within the reporting period	60%	20%	EHR Data
Hospitalized Patients - Among enrollees whose primary care home was notified of their hospitalization by the Gateway Call Center, the percentage of patients who have been contacted (i.e. visit or phone call for status/triage, medical reconciliation, prescription follow up, etc.) by a clinical staff member from the primary care home within 7 days after hospital discharge.	50%	20%	Self-reported by health centers and AHS Call Center Data
TOTAL POSSIBLE SCORE		**100%**	

Objective measures may be changed for the subsequent reporting period. Any changes or additions will be approved by the Pilot Program Planning Team managed by the SLRHC at least 60 days in advance of going into effect. At no time will changes to the measures go into effect for a reporting period that has already commenced. (Note: the health centers and state are represented on the Pilot Program Planning Team.) Any changes to the measures will be included in an updated protocol and subject to CMS review.

Any remaining funds will be disbursed based on the criteria summarized below and will be paid within the first quarter following the end of the reporting period:

TABLE 2

Pay-for-Performance Incentive Criteria	**Threshold**	**Weighting**	**Source**
Rate of Referral to Specialist among Tier 1/Tier 2 Enrollees	680/1000	100%	Referral data

The primary care providers will be eligible for the remaining funds based on the percentage of patients enrolled at their health centers. For example, if Grace Hill has 60% of the primary care patients and Myrtle Hilliard Davis 40%, they would each qualify up to that percentage of the remaining funds. Funds not distributed will be used to create additional enrollment slots where demand and capacity exist. Payments will not be redirected for administrative or infrastructure payments.
Within the first quarter following the end of the reporting period, the state will issue incentive payments to the health centers. Incentive payments will be calculated based on the data received and the methodology described below.

Primary Care Health Center (PCHC) Calculations

Step 1: Calculate the PCHC Incentive Pool (IP) for each PCHC.

- IP = PCHC Payments Earned x 7%

Step 2: Calculate the Incentive Pool Earned Payment (IPEP) that will be paid to each PCHC.

- Identify which performance metrics were achieved
- Determine the total Incentive Pool Weights (IPW) by adding the weights of each performance metric achieved
- *Example:* If the PCHC achieves 3 of the 5 performance metrics, then: IPW = 20% + 20% + 20% = 60%
- IPEP = IP x IPW

Step 3: Calculate the Remaining Primary Care Incentive Funds (RPCIF) that are available for performance metrics not achieved.

- Add the IP for each PCHC to derive the Total IP
- Add the IPEP for each PCHC to derive the Total IPEP
- RPCIF = Total IP – Total IPEP

Step 4: Calculate member months (MM) per reporting period for each PCHC (CMM) and in total (TMM).

- CMM = Total payments earned by **each** PCHC during the reporting period / Rate
- TMM = Total payments earned by **all** PCHC during the reporting period / Rate

Step 5: Calculate the Proportionate Share (PS) of the RPCIF that is available to each PCHC.

- PS = RPCIF x (CMM/TMM)

Step 6: Calculate the Remaining Primary Care Incentive Fund Payment (RPCIFP) for each PCHC.

Example: If the PCHC achieves both the emergency room utilization and specialty referral performance metrics, then:

IPW = 30% + 70% = 100% (effective 7/1/12 - 12/31/13)

IPW = 100% (effective 1/1/14 – 12/31/14)

- RPCIFP = PS x IPW

The following scenarios illustrate the calculations for Step 3 through Step 6 explained above as well as the final amounts withheld and paid to each PCHC based on the assumptions of these scenarios. These scenarios are provided for illustrative purposes only and are not a prediction of what may actually occur.

SCENARIO 1

Key assumptions:

- $40,000 remains in the primary care incentive pool after the first round of disbursements based on the criteria listed in Table 1.
- Each PCHC met the performance metrics for emergency room and specialty referrals based on the criteria listed in Table 2.

Table 1A - Identifies the remaining incentive funds to be disbursed to PCHC.

	7% Withheld	Earned	STEP 3 Remaining (Unearned)
Grace Hill	$ 200,000	$200,000	$ -
Myrtle Hilliard	$ 100,000	$ 75,000	$ 25,000
Family Care	$ 20,000	$ 20,000	$ -
BJK People's	$ 50,000	$ 40,000	$ 10,000
St. Louis County	$ 50,000	$ 45,000	$ 5,000
Total	$ 420,000	$380,000	**$ 40,000**

Remaining Primary Care Incentive Funds

Table 1B - Identifies each PCHC proportionate share of the remaining incentive funds.

	STEP 4 Gross Earnings	# of Member Months	STEP 5 % of Member Months	PCHC Proportionate Share
Grace Hill	$ 2,857,143	54,966	48%	$ 19,200
Myrtle Hilliard	$ 1,428,571	27,483	24%	$ 9,600
Family Care	$ 285,714	5,497	4%	$ 1,600
BJK People's	$ 714,286	13,742	12%	$ 4,800
St. Louis County	$ 714,286	13,742	12%	$ 4,800
Total	**$ 6,000,000**	**115,430**	100%	**$ 40,000**

Table 1C - Computes the remaining primary care incentive fund payment (RPCIFP) for each PCHC assuming the performance metrics for emergency department utilization and specialty referral metrics are met (Table 2).

Step 6

	PCHC Proportionate Share	IPW**	RPCIFP
Grace Hill	$ 19,200	100%	$ 19,200
Myrtle	$ 9,600	100%	$ 9,600
Hilliard	$ 1,600	100%	$ 1,600
Family Care	$ 4,800	100%	$ 4,800
BJK People's	$ 4,800	100%	$ 4,800
St. Louis County	**$ 40,000**		**$ 40,000**
Total			

** Effective 1/1/14, IPW will either be 100% or 0% due to elimination of emergency department services.

Table 1D - Shows the total withheld, earned and paid for each PCHC.

	7% Withheld	Earned	RPCIFP	Total Paid
Grace Hill	$ 200,000	$200,000	$ 19,200	$ 219,200
Myrtle Hilliard	$ 100,000	$ 75,000	$ 9,600	$ 84,600
Family Care	$ 20,000	$ 20,000	$ 1,600	$ 21,600
BJK People's	$ 50,000	$ 40,000	$ 4,800	$ 44,800
St. Louis County	$ 50,000	$ 45,000	$ 4,800	$ 49,800
Total	$ 420,000	$380,000	$ 40,000	**$ 420,000**

SCENARIO 2

Key assumptions:

- $40,000 remains in the primary care incentive pool after the first round of disbursements based on the criteria listed in Table 1.
- Some PCHC do not meet the performance metric for emergency room and specialty referrals based on the criteria listed in Table 2.

Table 2A - Identifies the remaining incentive funds to be disbursed to PCHC.

STEP 3

	7% Withheld	Earned	Remaining (Unearned)
Grace Hill	$ 200,000	$200,000	$ -
Myrtle Hilliard	$ 100,000	$ 75,000	$ 25,000
Family Care	$ 20,000	$ 20,000	$ -
BJK People's	$ 50,000 St.	$ 40,000	$ 10,000
Louis County	$ 50,000	$ 45,000	$ 5,000
Total	$ 420,000	$380,000	**$ 40,000**

Remaining Primary Care Incentive Funds

Table 2B - Identifies each PCHC proportionate share of the remaining incentive funds.

STEP 4 ***STEP 5***

	Gross Earnings	# of Member Months	% of Member Months	PCHC Proportionate Share
Grace Hill	$ 2,857,143	54,966	48%	$ 19,200
Myrtle Hilliard	$ 1,428,571	27,483	24%	$ 9,600
Family Care	$ 285,714	5,497	4%	$ 1,600
BJK People's	$ 714,286	13,742	12%	$ 4,800
St. Louis County	$ 714,286	13,742	12%	$ 4,800
Total	**$ 6,000,000**	**115,430**	100%	**$ 40,000**

Table 2C - Computes the remaining primary care incentive fund payment (RPCIFP) for each PCHC assuming that some providers did not meet the performance metrics for emergency department utilization and/or specialty referrals.

Step 6

	PCHC Proportionate Share	IPW**	RPCIFP	Remaining Unused Funds
	$ 19,200	100%	$ 19,200	$ -
Grace Hill	$ 9,600	70%	$ 6,720	$ 2,880
Myrtle Hilliard	$ 1,600	100%	$ 1,600	$ -
Family Care	$ 4,800	30%	$ 1,440	$ 3,360
BJK People's	$ 4,800	0%	$ -	$ 4,800
St. Louis County	**$ 40,000**		**$ 28,960**	**$ 11,040**
Total				

** Effective 1/1/14, IPW will either be 100% or 0% due to elimination of emergency department services.

Table 2D - Shows the total withheld, earned and paid for each PCHC.

	7% Withheld	Earned	RPCIFP	Total Paid
Grace Hill	$ 200,000	$200,000	$ 19,200	$ 219,200
Myrtle Hilliard	$ 100,000	$ 75,000	$ 6,720	$ 81,720
Family Care	$ 20,000	$ 20,000	$ 1,600	$ 21,600
BJK People's	$ 50,000	$ 40,000	$ 1,440	$ 41,440
St. Louis County	$ 50,000	$ 45,000	$ -	$ 45,000
Total	$ 420,000	$380,000	**$ 28,960**	**$ 408,960**

The state will determine with the SLRHC where the demand exists in the Pilot Program (primary care or specialty care) to determine where to apply the remaining funds. Payments will not be redirected for administrative or infrastructure payments.

APPENDIX VI: Pay-for-Performance Results

GATEWAY TO BETTER HEALTH

Pay-for-Performance Incentive Payment Results

Reporting Period: January – June 2017

Background

The State withholds 7% from payments made to the primary care health centers. The amount withheld is tracked on a monthly basis. Primary care health centers provided self-reported data to SLRHC within 30 days of the end of the reporting period for those patients who were enrolled for the entire reporting period. SLRHC validated the data by taking a random sample of the self-reported data and comparing it to the claims data. SLRHC has calculated the funds due to the providers based on the criteria and methodologies described in the Incentive Protocol, approved by CMS. Results for the sixth reporting period, January – June 2017, are summarized below.

Primary Care Health Center Pay-for-Performance Results

The potential incentive payment amount totaled $426,451.51 and 100% will be paid to primary care providers. The following table outlines the pay-for-performance thresholds in comparison to the actual results of each metric.

Table 1		*Actual Outcomes Achieved*					
Pay-for-Performance Criteria	**Threshold**	**AH**	**MHD**	**FC**	**BJKP**	**County**	**Total**
1 - All Patients (1 visit)	80%	75%	70%	88%	72%	80%	75%
2 - Patients with Chronic Disease (2 visits)	80%	87%	86%	94%	91%	81%	87%
3 - Patients with Diabetes HgbA1c Tested	85%	89%	85%	85%	85%	67%	85%
4 - Patients with Diabetes HgbA1c < 9%	60%	65%	65%	69%	52%	42%	60%
5 - Hospitalized Patients	50%	91%	44%	80%	50%	61%	71%

The number of metrics met by each health center for the first round of metrics is depicted by the green highlighted fields in Table 1 above. The health centers earned $305,306.64 of the initial incentive pool leaving a remaining balance of $121,144.87.

According to the Protocol, each health center is eligible for the remaining funds based on their percentage of patients enrolled provided that the specialist referral rate criteria is met. The outcome for referral rates to specialty care was compared to the thresholds and the results are summarized as follows:

Table 2		*Actual Outcomes Achieved*					
Pay-for-Performance Criteria	**Threshold**	**AH**	**MHD**	**FC**	**BJKP**	**County**	**Total**
Referral Rate to Specialists	680/1000	394	250	553	375	538	395

As noted by the green highlights in Table 2, all health centers met the performance criteria for the second round of metrics related to the rate of referrals to specialty care. The following table summarizes the incentive earnings for each health center based on the metrics that were achieved.

Table 3 - Amount Due to Each Health Center

Health Center	Incentive Pool	First Round Earnings	Second Round Earnings	Total Due to Providers
AH	$ 179,360.48	$ 143,488.38	$ 50,952.11	$ 194,440.49
MHD	$ 82,054.80	$ 49,232.88	$ 23,309.84	$ 72,542.72
FC	$ 33,909.11	$ 33,909.11	$ 9,632.78	$ 43,541.89
BJKP	$ 73,886.73	$ 44,332.04	$ 20,989.49	$ 65,321.53
County	$ 57,240.39	$ 34,344.23	$ 16,260.65	$ 50,604.88
Total	**$ 426,451.51**	**$ 305,306.64**	**$ 121,144.87**	**$ 426,451.51**

APPENDIX A: SUMMARY OF CALCULATIONS

The following process was followed to determine the payout for each of the primary care providers.

Step 1: Determine the initial pool amount.

Step 2: Determine which of the following first-tier performance metrics were achieved for each organization:

Pay-for-Performance Incentive Criteria	Threshold	Weighting	Source
All Newly Enrolled Patients- Minimum of at least 1 office visit within 1 year (6 months before/after enrollment date)	80%	20%	EHR Data
Patients with Diabetes, Hypertension, CHF or COPD – Minimum of at least 2 office visits within 1 year (6 months before/after reporting period start date)	80%	20%	EHR Data
Patients with Diabetes - Have one HgbA1c test 6 months after reporting period start date	85%	20%	EHR Data
Patients with Diabetes – Have a HgbA1c less than or equal to 9% on most recent HgbA1c test within the reporting period	60%	20%	EHR Data
Hospitalized Patients - Among enrollees whose primary care home was notified of their hospitalization by the Gateway Call Center, the percentage of patients who have been contacted (i.e. visit or phone call for status/triage, medical reconciliation, prescription follow up, etc.) by a clinical staff member from the primary care home within 7 days after hospital discharge.	50%	20%	Self-reported by health centers and AHS Call Center Data
TOTAL POSSIBLE SCORE		**100%**	

Step 3: Calculate the earnings for the initial pool based on the number of first-tier metrics achieved.

Step 4: Determine the second pool amount, which is unearned amount from the initial pool.

Step 5: Calculate health center's share of available earnings based on enrollment.

Step 6: Determine which of the following second-tier performance metrics were achieved:

Pay-for-Performance Incentive Criteria	Threshold	Weighting	Source
Rate of Referral to Specialist among Enrollees	680/1000	100%	Claims data

Step 7: Calculate the earnings for the second pool based on the number of second-tier metrics achieved.

Step 8: Calculate the total payment to the health center by summing the earnings from both pool.

APPENDIX B:
PRIMARY CARE TRENDING REPORT

Pay-for-Performance Criteria	Threshold	Affinia										Myrtle									
		Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17
TIER 1 OUTCOMES																					
1 - New patients (1 visit)	80%	68%	52%	75%	67%	65%	74%	70%	72%	72%	75%	56%	58%	86%	71%	75%	83%	80%	66%	53%	70%
2 - Patients with chronic diseases (2 visits)	80%	73%	81%	80%	83%	80%	86%	84%	87%	86%	87%	82%	87%	95%	87%	92%	94%	96%	93%	83%	86%
3 - Patients with diabetes HgbA1c tested	85%	62%	91%	88%	87%	91%	92%	95%	90%	97%	89%	67%	78%	72%	48%	91%	86%	100%	92%	93%	85%
4 - Patients with diabetes HgbA1c <9%	60%	61%	60%	61%	60%	61%	60%	70%	73%	68%	65%	50%	48%	50%	58%	77%	47%	63%	63%	57%	65%
5 - Hospitalized Patients	50%	100%	83%	71%	87%	83%	85%	96%	95%	75%	91%	100%	59%	37%	73%	88%	64%	83%	93%	44%	44%
TIER 2 OUTCOMES																					
1 - Emergency Department Utilization	28/1000	34	13	12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	28	10	27	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2 - Referral Rate to Specialists	680/1000	447	427	315	277	272	280	281	308	316	394	454	353	309	345	287	322	272	277	233	250

Pay-for-Performance Criteria	Threshold	Family Care										BJK People's									
		Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17
TIER 1 OUTCOMES																					
1 - New patients (1 visit)	80%	70%	73%	74%	80%	81%	78%	80%	89%	85%	88%	75%	61%	80%	72%	80%	58%	60%	66%	62%	72%
2 - Patients with chronic diseases (2 visits)	80%	75%	18%	14%	89%	96%	85%	95%	93%	96%	94%	50%	68%	81%	92%	82%	90%	96%	84%	86%	91%
3 - Patients with diabetes HgbA1c tested	85%	68%	70%	81%	100%	100%	89%	100%	94%	90%	85%	71%	57%	85%	89%	81%	90%	89%	74%	97%	85%
4 - Patients with diabetes HgbA1c <9%	60%	54%	53%	64%	75%	71%	68%	68%	83%	95%	69%	46%	37%	55%	56%	62%	61%	67%	60%	60%	52%
5 - Hospitalized Patients	50%	100%	100%	38%	64%	50%	67%	75%	75%	100%	80%	100%	77%	28%	67%	62%	60%	87%	77%	70%	50%
TIER 2 OUTCOMES																					
1 - Emergency Department Utilization	28/1000	12	11	20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	24	16	17	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2 - Referral Rate to Specialists	680/1000	656	647	567	599	518	528	521	506	497	553	598	440	363	425	346	337	348	370	360	375

Pay-for-Performance Criteria	Threshold	St. Louis County										Total									
		Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17	Jul-Dec 12	Jan-Jun 13	Jul-Dec 13	Jan-Jun 14	Jul-Dec 14	Jan-Jun 15	Jul-Dec 15	Jan-Jun 16	Jul-Dec 16	Jan-Jun 17
TIER 1 OUTCOMES																					
1 - New patients (1 visit)	80%	69%	75%	77%	87%	88%	89%	95%	81%	81%	80%	65%	62%	79%	72%	74%	74%	74%	72%	68%	75%
2 - Patients with chronic diseases (2 visits)	80%	89%	95%	82%	92%	97%	97%	92%	88%	86%	81%	74%	73%	77%	86%	86%	90%	91%	88%	86%	87%
3 - Patients with diabetes HgbA1c tested	85%	71%	83%	85%	89%	92%	89%	77%	85%	87%	67%	66%	77%	83%	80%	90%	90%	91%	87%	94%	85%
4 - Patients with diabetes HgbA1c <9%	60%	39%	64%	63%	68%	80%	65%	61%	73%	40%	42%	54%	53%	59%	63%	68%	60%	66%	69%	65%	60%
5 - Hospitalized Patients	50%	100%	100%	52%	83%	65%	80%	100%	62%	100%	61%	100%	78%	54%	81%	78%	78%	91%	88%	71%	71%
TIER 2 OUTCOMES																					
1 - Emergency Department Utilization	28/1000	9	7	14	N/A	N/A	N/A	N/A	N/A	N/A	N/A	26	12	12	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2 - Referral Rate to Specialists	680/1000	547	510	487	484	506	536	559	580	501	538	496	443	365	363	338	351	349	366	346	395

Note: The threshold for emergency room (ER) utilization for the July 2012 through June 2013 was 36 per 1000. As of January 1, 2014, Gateway to Better Health no longer funded any portion of ER visits and thus no longer captured data for ER utilization.

Budget Neutrality

Gateway to Better Health (Total Computable)

	DY 1 FFY 2010 07/28/2010 - 09/30/2010	DY 2 FFY 2011 10/01/2010 - 09/30/2011	DY 3 FFY 2012 10/01/2011- 9/30/2012	DY 4 FFY 2013 10/01/2012- 09/30/2013	DY 5 FFY 2014 10/01/2013- 9/30/2014	DY 6 FFY 2015 10/01/2014- 09/30/15	DY 7 FFY 2016 10/01/2015- 9/30/2016	DY 8 FFY 2017 10/01/2016- 9/30/2017	DY 9 FFY 2018 10/01/2017- 09/30/2018	DY 10 FFY 2019 10/01/2018- 12/31/2018
No. of months in DY	**3 months**	**12 months**	**12 months**	**12 months**	**12 months**	**12 months**	**12 months**	**12 months**	**12 months**	**3 months**
No. of months of direct payments to facilities	**3 months**	**12 months**	**9 months**	**0 months**	**0 months**	**0 months**	**0 months**	**0 months**	**0 months**	**0 months**
No. of months of Pilot Program (will be implemented on 07/01/2012)	**0 months**	**0 months**	**3 months**	**12 months**	**12 months**	**12 months**	**12 months**	**12 months**	**12 months**	**3 months**
Without Waiver Projections										
Estimated DSH Allotment**	$189,681,265	$748,599,611	*$766,126,399*	*$811,102,775*	$814,509,721	*$809,021,633*	*$812,093,381*	$812,093,381	$812,093,381	$203,023,345
Without Waiver Total	**$189,681,265**	**$748,599,611**	**$766,126,399**	**$811,102,775**	**$814,509,721**	**$809,021,633**	**$812,093,381**	**$812,093,381**	**$812,093,381**	**$203,023,345**
With Waiver Projections										
Residual DSH	$167,785,998	$679,083,062	*$675,602,811*	*$735,329,474*	*$713,152,789*	*$714,046,801*	*$787,095,768*	*$788,949,862*	*$783,745,920*	*$196,770,667*
St. Louis ConnectCare	$4,850,000	$18,150,000	$14,879,909	*$3,148,648*	$118,489	$0	$0	$0	$0	$0
Grace Hill Neighborhood Health Centers	$1,462,500	$5,850,000	*$5,071,706*	*$5,016,507*	*$6,073,656*	$5,648,970	*$4,805,114*	*$4,669,864*	*$5,509,763*	*$1,378,162*
Myrtle Davis Comprehensive Health Centers	$937,500	$3,750,000	*$3,097,841*	*$2,108,161*	*$1,838,040*	$2,157,443	*$2,098,142*	*$2,099,527*	*$2,548,584*	*$637,480*
Contingency Provider Network	$0	$0	*$379,372*	*$4,254,902*	*$5,469,199*	$3,937,955	*$5,035,278*	*$4,771,728*	*$5,381,420*	*$1,345,232*
Voucher	$0	$0	$0	*$4,541,262*	*$6,358,786*	$6,926,811	*$6,649,760*	*$5,433,044*	*$8,005,012*	*$1,953,902*
Infrastructure	$0	$0	$975,000	*$1,925,000*	*$0*	$0	$0	$0	$0	
SLRHC Administrative Costs	$75,000	$300,000	$300,000	*$300,000*	*$75,000*	*$0*	*$0*	*$0*	*$0*	
SLRHC Administrative Costs Coverage Model			$584,155	*$4,328,950*	*$3,692,463*	$3,098,002	*$3,477,955*	*$3,377,953*	*$3,784,373*	*$937,902*
CRC Program Administrative Costs	$91,684	$700,000	$700,000	*$700,000*	*$175,000*	*$0*	*$0*	*$0*	*$0*	*$0*
Actual expenditures for DY3 DOS				$2,670,607	*$33,308*	*$0*	*-$83*	*$0*	*$0*	
Actual expenditures for DY4 DOS				$0	*$2,540,653*	*$6,559*	*$229*	*-$325*	*$0*	
Actual expenditures for DY5 DOS						*$2,402,336*	*$267,821*	*-$11,644*		
Actual expenditures for DY6 DOS							*$2,663,397*	*-$2,117*		
Actual expenditures for DY7 DOS								*$2,805,489*		
Projected expenditures for DY7 DOS									*$322,135*	
Projected expenditures for DY8 DOS									*$2,796,174*	
Total With Waiver Expenditures	**$175,202,682**	**$707,833,062**	**$701,590,793**	**$764,323,513**	**$739,527,383**	**$738,224,877**	**$812,093,381**	**$812,093,381**	**$812,093,381**	**$203,023,345**
Amount under (over) the annual waiver cap	$14,478,583	$40,766,549	$64,535,605	$46,779,262	$74,982,338	$70,796,756	$0	$0	$0	$0
Annual expenditure by DY Payment Date as reported on CMS 64s (Demo expenses NOT including residual DSH)			$25,987,982	$28,994,039	$26,374,594	$24,178,076	$24,997,613	$23,143,519	$28,347,461	$6,252,678
Annual expenditure authority cap by DY DOS (Demo expenses NOT including residual DSH)	$7,416,684	$28,750,000	$28,691,897	$28,870,873	$26,470,790	$24,430,460	$25,193,873	$23,148,290	$25,229,152	$6,252,678

*Amount anticipated to be reported in Demonstration Years that should apply to a previous demonstration period.

**FFY 2012 through FY 2014 DSH allotments have not been finalized. FFY 2012 through FFY 2015 DSH allotments are based on actual CMS-64 reported expenditures. DSH allotment is shown as (total computable) above. For reference, DSH allotment in Federal share is shown below:

	FFY 2010
FFY 2010 Allotment (Federal share)	$465,868,922
FFY 2010 Increased Allotment (Federal share)	$23,584,614
Total Allotment (Federal share)	$489,453,536

Note: FFY 2010 FMAP for MO = 64.51%; FFY 2011 FMAP for MO = 63.29%; FFY 2013 FMAP = 61.37%. FFY 2014 FMAP = 62.03; FFY 2015 FMAP= 63.45; FFY 2016 FMAP=63.28; FFY 2017 FMAP=63.21; FFY 2018 FMAP=64.61